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Reg. Dist. No.

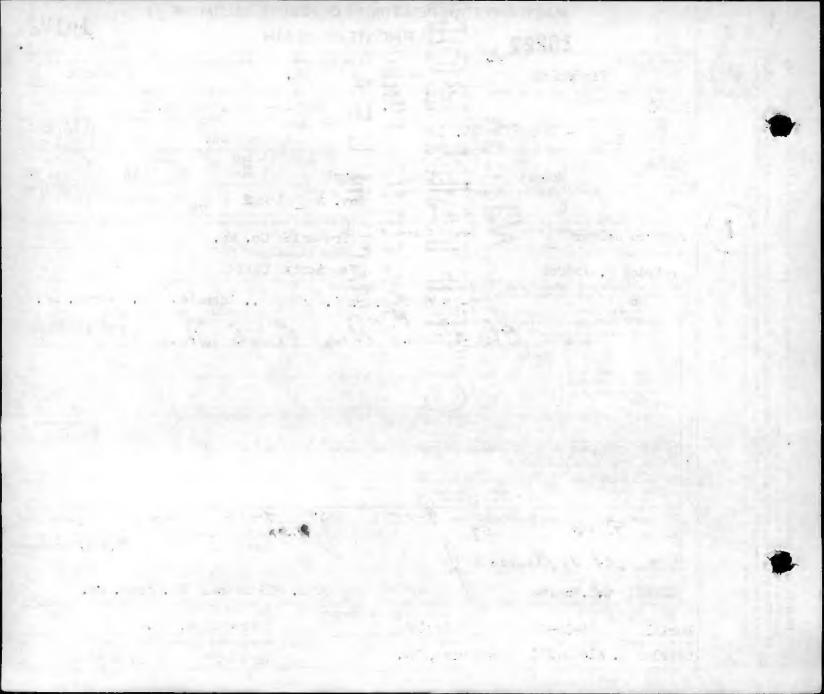
PLACE OF DEATH     a. COUNTY	Frederick		MARYLAN	- CTATE	DENCE (Who	ere deceased	l lived. If institut b. COUNTY	-	-	rick	ion)
b. CITY OR TOWN (I	If autside carporate limit earest tawn)	ls, write	c. LENGTH OF STAY IN 1				rate limits, write to		give ne	arest town	1)
d. NAME OF HOSPIT OR INSTITUTION Pleasent Vi	FAL (If not in haspital, a	town	Ht. 1	d. STREET		sentV <b>i</b>	en				FARM?
3. NAME OF DECEASED (Type or print)	Robert		Middle Arthur	Ambush	st	4. DATE OF DEATH	9 Mai	16	Do	-/	Yeor 19 59
S. SEX	6. COLOR OR RACE	7. MARRIE		Blesser &	18	882	9. AGE (In years last birthday) 76 yrs	IF UNDE Manths	R T YEAR Days	Haurs	Min.
Farmers ne	ON (Give kind of work of the life even if retired)	lane 10b. K	IND OF BUSINESS OR IN		ACE (State o	-		12.CI	TIZENO	F WHAT C	OUNTRY?
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME					
ratrick H	. Ambush			Henric	etta (	Coats					
PART 1. DEA  LL LL Z  Conditions, if a gave rise to i cause (a), stating lying cause last.	the <u>under</u> DUE TO  (c)	Use per Mine			Class OTHE TERMIN	nal Disease	Days CONDITION GI	الو	/ INT	ERVAL BE ET AND	TWEEN DEATH
	© CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Yea	or 20d. INJ		. PLACE OF INJURY factory, street, affic	Hame, farm,	, 20f. (City			(County)		(State)
actual SIGNATURE		. 195°	and that de	ath accurred at		M, fram ADORESS (SI		red an arcaunty)	e date	stated A DAT	d abave.
23. FUNERAL DIRECTOR Charles H.		Fred	ADDRESS lerick, Md.		E-401 112-0 1	BY REGIST		Inthun			

filed with uneral director, TO MOSPITAL OF TENDING PHYSICIAN: The law requires that the deoth certificate be executed within 44 hours may be retained. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by tractioneral page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

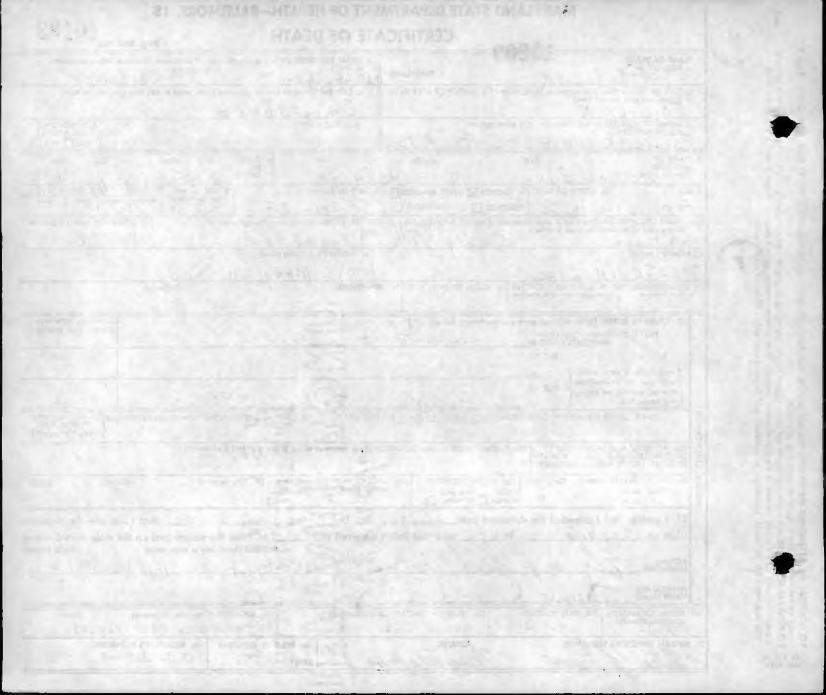
death. Page 4

VS A1S (4) 1SM 9/5B



CERTIFICATE OF DEATH Reg. Dist. No. eral director, be filed with Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY D. STATE **b. COUNTY** MARYLAND ARC death. c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) 2 should Pd d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION e. IS RESIDENCE d. STREET ADDRESS ON A FARM? KedeRi mok YES NO oug 2 NAME OF Middle First 4. DATE Lost Month Year Day (Type or print) DEATH 19.5 S. SEX 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS birthdoy) Months Days DIVORCED | WIDOWED | popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME offe physicion 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT death 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which signed gave rise to immediate DUE TO cottse (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFI 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f. (City or tawn) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) Not while While of work of work D. 170 21. I certify that I attended the deceased from 1957, that I last saw the deceased olive on and that death occurred of LLM, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL RAL DIS PHYSICIAN'S NAME (Type) O FUNERA 22b. DATE THEREOF 220. BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) -REMOVAL (Specify) 9-10-59 Green Hil Waynesboro, Pennsylvania 0 23 EUNERAL DIRECTOR'S SIGNATURE DDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cother S. Thous 9 '59 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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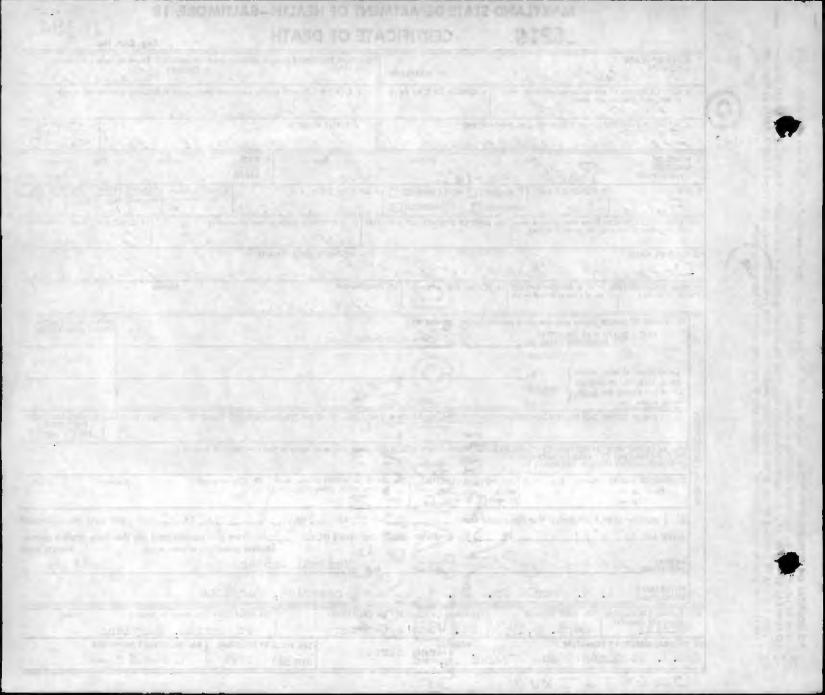
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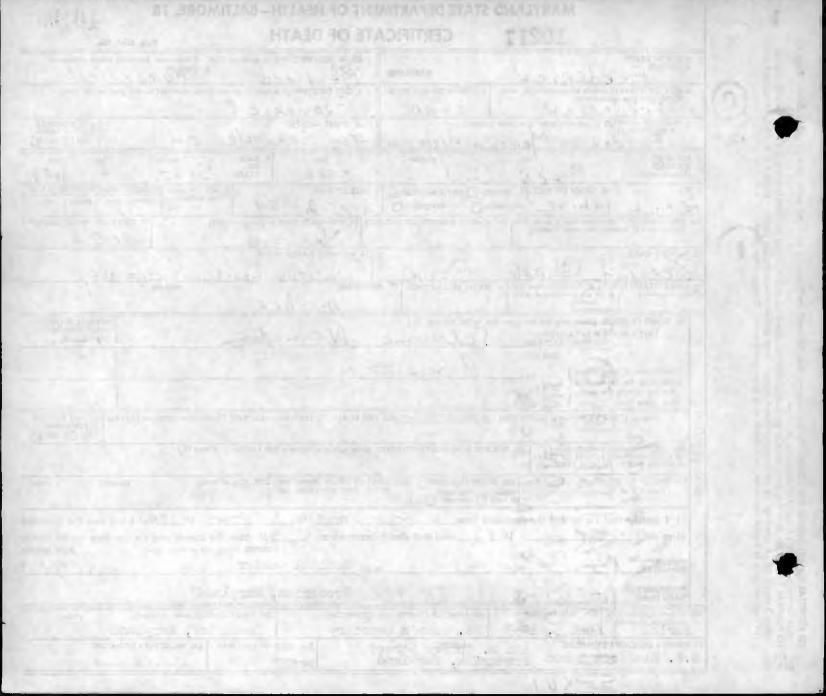
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VS. A15ME(5) 5M 9/55

Raymond E. Creager

Thurmont

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Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY o STATE b. COUNTY Frederick Frederick MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RURAL and give negrest town) Frederick Years Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE Frederick Memorial Hospital ON A FARM? 401 South Market Street YES NO X NAME OF First Middle Lou 4. DATE Year DECEASED CLEO REGINA CANNON 8. 59 September (Type or print) DEATH 19 S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday)
50 yrs. Months Days Hours Female White 12 Sept 1908 WIDOWED [7] DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA At Home House-work Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary B. Thomas James R. Wynkoop IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Garel C. Cannon, Sr. (Same as item #2) 213-01-7152 No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY frueraligar carcinomalous of addonnines organs 1.5 minos IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which matice gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. CATION PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🕅 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port I) of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) Day, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work une 19-17, that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 7:05 PM, from the causes and an the date stated above. alive an DATE SIGNED ADDRESS (Street, city or town, state) N. Market St. ACTUAL 10 Sept SIGNATURE PHYSICIAN'S Frederick, Md. H. F. Kline, M. D. NAME (Type) 22a BURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) TREMOVALT(Specify) Pleasant Hill Cemetery Frederick County Maryland

24g, REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE Circhin & Thous

FUNERAL DIRECTORS 3 Should be he registrar prior ò 9 VS A1S (4) 1SM 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

M. R. Etchison & Son, Frederick, Maryland



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VS A15 (4)

15M 9/58

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10a. USUAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18													
	CAT	E OF DEA	ATH	1		10193							
PLACE OF DEATH a. COUNTY FIT	ederick			MARYLAN	- 11	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  rederick—Rural—R.F.D.#7  Years						c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Frederick-Rural-R.F.D.#7							
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Old Reciever Road						d. STREET ADDRE		er Ro	ad			ON A	FARM?
NAME OF First Middle DECEASED IRENE BROWNE						CUNN <b>T</b> NGH	AM	4. DATE OF DEATH	Septe		<b>D</b> <sub>0</sub>		59
sex 'emale	White	7 MARR		EVER MARRIED [ DIVORCED [		ctober 7,	1.8	395	9. AGE (In years dest birthday) 64 yrs	Months	P 1 YEAR Days	Haurs	R 24 HRS Min
during most of working HOUSE-WO	ng life, even if retired!	done 10b.		BUSINESS OR IN	NDUSTR'	Pen	•	_	ountry)	12.CI	USA		OUNTRY?
FATHER'S NAME Alexande	r S. Brown	e			1	14. MOTHER'S MAIDEN NAME Mary Jane Baughmann							
WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dutes of se NO		SOCIAL S	ECURITY NO.		. J.R. Ja	cks	son, S	ewickley	_	na.		
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stating the under-  lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES NOW.													
OR CONTRIBUTING	□ CAUSE OF DEATH!	240. 0030	MBC TIQ		rate. (	rude adalate de tuio	-y 411 F						

(State)

CERTIFICATION 20a. ACC OR CON (IF EITHE MEDICAL 20c TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20d. INJURY OCCURRED (County) factory, street, office bidg., etc.) Hour a. m. While Not while

1959, that I last saw the deceased and that death accurred at 6:30 a PM, 21. I certify that I attended the deceased from from the causes and an the date stated above. alive and ADDRESS (Street, city or town, state) DATE SIGNED Professional Building ACTUAL SIGNATURI

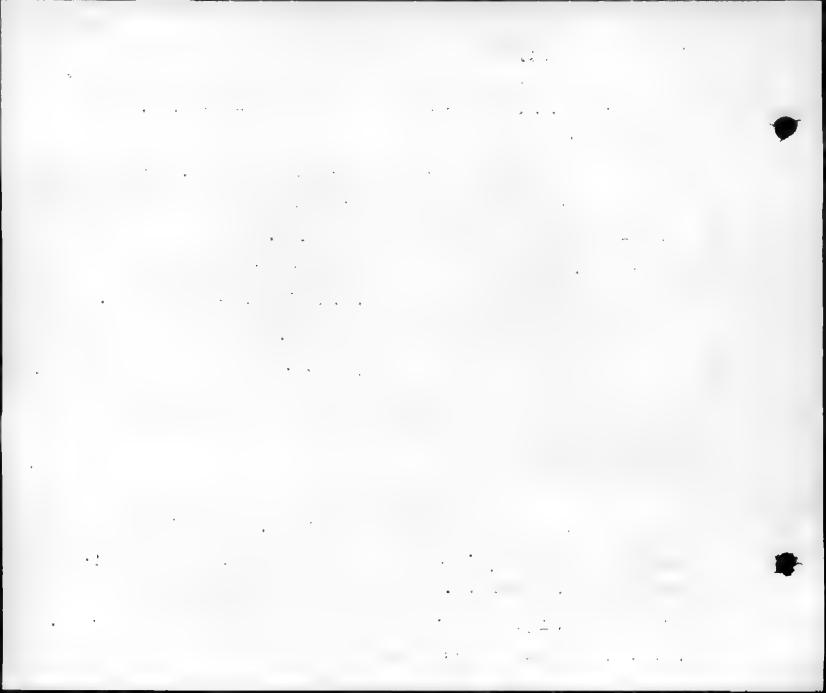
Frederick, Maryland PHYSICIAN'S ames B. Thomas, M. D. NAME (Type

of work

of work

220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) Sewickley Sewickley Cemetery Sepr. 12,1959 Penna. 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE

24o. REC'D BY REGISTRAR M. R. Etchison & Son, Frederick, Maryland DATE SEP 1 4 '59 Cothur & Krous





**CERTIFICATE OF DEATH** 

10201

	11/213					Keg. Dist. No	ř.
PLACE OF DEATH o. COUNTY Fred	erick	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryla		If institutio COUNTY		
	f outside corporate limits, write	c. LENGTH OF STAY IN 16 Years	c. CITY OR TOWN (IF o		ts, write RL	JRAL and give ne	arest town)
d. NAME OF HOSPIT 220 Carrol	At (if not in hospital, give street  1. Parkway	address}	d. STREET ADDRESS 220 Ca	arroll Par	kway		e IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	JOHN	Middle EDWARD	FOGLE	4. DATE OF DEATH	Mont Septe		ay Yeor 195
s. sex Male	6. COLOR OR RACE 7. MAR White WIDOW		8. DATE OF BIRTH 7 July 1884	9 AGE	(In years pirthday) yrs	Months Doys	Hours Min
Retired_Cl	ON (Give kind of work dane tobing life, even if refired)	. KIND OF BUSINESS OR INDU holesale Grocex	y Marylan	nd		USA	F WHAT COUNTRY
13. FATHER'S NAME	77. 7		14. MOTHER'S MAIDEN N				
J. Edward		SOCIAL SECURITY NO.	Virginia F	Lautt	Addr		
	(If yes, give war or dates of service)		s. Florence M	I. Fogle (			#1)
	mmediate (	Crteso Sclar	2 Hemon	lage	-er-1	.97	TERVAL BETWEEN ISE AND DEATH TO THE
CATIC	IER SIGNIFICANT CONDITIONS					EN IN PART 1(0)	PERFORMED?
	S UNDERLYING [] 20b. DE:  CAUSE OF DEATH  MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part 1 or Port II of ite	sm 18.}		
Y 20c TIME OF INJUR Hour o.m. p.m.	While	I.	ACE OF INJURY (Home, farm clory, street, office bldg., etc		)	(County	) (Stot-
21. I certify the alive an	at I attended the decea 15: 2-9 18: BOTHOR	5 9 , and that death		_M, fram the ca ADDRESS (Street, city	uses an	d an the dat	DATE SIGNE
(1) (1)	. O. Thomas, M.	. D.	Frederick	, Md.			
220. BURIAL, CREMATIO BURIAL (Specify)	N, 226. DATE THEREOF	Mount Olivet		22d. LOCATION (CI Frederic	* -		(Stole)
23. FUNERAL DIRECTOR' M. R. Etc	s signature hison & Son, Fr	ADDRESS rederick, Maryl	and DATE			TRAR'S SIGNATU	IRE
				6 '59	Chillian	1 at Thrasma	

may be retain. If the haspital or aftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by me fineral director, page 3 should be detached for use as the burial-transit mermit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/58

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OF

death. Page 4

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may be retained the hospital or attending physician.

TO FUNERAL DI LATOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban pages. Pages 1 and 2 should be filed with the registrar prior to buriol, cremation, or remayal, and in any event within 72 hours, after death.

14

ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the death. Page 4

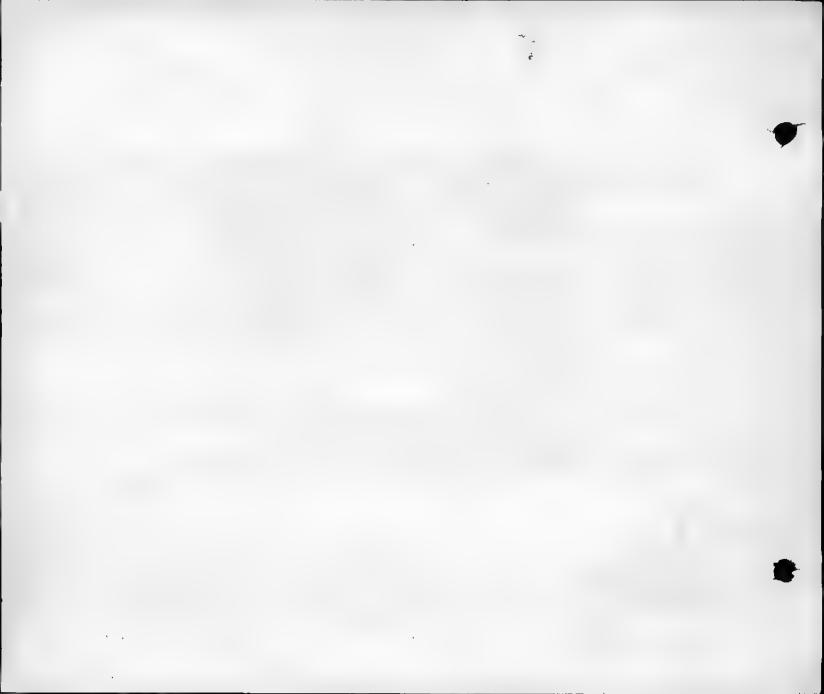
TO HOSPITAL OF

VS A15 (4) 1SM 10/57

CERTIFICATE OF DEATH

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		\$11232 CERTITICA	TE OF BEATH	Reg. Dist.	Reg. Dist. No.			
	1	PLACE OF DEATH  b COUNTY	2 USUAL RESIDENCE (Where dece	eased lived. If institution Residence	before admission)			
	ľ	FRED ERICK MARYLAND	O. STATE MARYLAN	YD GOUNTY FRED	ERICK			
		b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside of	orporate limits, write RURAL and give	re nearest town)			
	K	WOODSBORD RURAL YEARS	WOODSBORD	RURAL				
<		d NAME OF HOSP TAL (If not in hospital, give street oddress) OR INSTITUTION	d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO			
		NAME OF DECEASED (Type or print) ALICE MICHAEL G	Lost 4. DA		Day Year 14 1959			
	5. !		DATE OF BIRTH	lost birthdoy) Months D	YEAR IF UNDER 24 HRS			
	10a	Og. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUST	TRY 11. BIRTHPLACE (State or fores	on country) 12 CITIZ	EN OF WHAT COUNTRY?			
1		during most of working life, even if retired)  HOUSE WIFE OWN' HOME	MARYLAI	YD Z	<i>41a</i>			
,	13.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
		CHARLES L MICHAEL	LAUKA BRO	OWN				
		S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. IN	FORMANT	Address				
		NO 2/9-36-42447t.	S STEINER S.	MITH WOODS	BORO M			
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	Λ .		INTERVAL BETWEEN ONSET AND DEATH			
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coron Carry	occlusio	74	2 min.			
		4200 DUE TO 0., 0 f	/ / /	, 1				
		Conditions, if ony, which gove rise to immediate (b).	le Caroline	dissass	5 2yrs.			
		couse (o), stoting the under-			U			
	z	lying cause lost. (c)	LOT DELATED TO THE TERMINAL DIE	CAST CONDITION ON THE ABOUT	L. Jia was auropsy			
J	CERTIFICATION	PANT 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	PERFORMED?  YES NO 4			
			(Enter nature of injury in Port I or	Port II of item 18.)				
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLAN	CE OF INJURY (Home, form, 20f.	(City or town) (Co	unty) (State)			
	MED	Hour o. m.  While Not while took p. m 19 of work of work	ory, street, office bldg., etc.)					
		21. I certify that I attended the deceased from Coug. 10	1955 to SELEX	14 1959 that I lo	st sow the deceosed			
		alive an SENT. 8 1959, and that death	occurred at 5.30 PM, 1	ram the couses and an the				
		000 7 10 0.0		S (Street, city or town, state)	DATE SIGNED			
I		SIGNATURE SH. Frankle (Sont M	10 Thurson	nt 11ed	9/15/59			
•		PHYSICIAN'S M. FRANKLIN BIRLEL	Y THUR	MONT MO				
	220	20. BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR	CREMATORY 22d LC	OCATION (City, town, or county)	(Stote)			
	#	BURINEL SEPT 17-1459 MT HOP	E F	REDERICK (	o MD			
	23/	Byron & Lacisla new Window, md,	240 REC'D BY RE	15 A				
	T	Miraman Paristo Word when Med	DATE SEP 1	3'59 Chilling &	Trace			



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10214

**CERTIFICATE OF DEATH** 

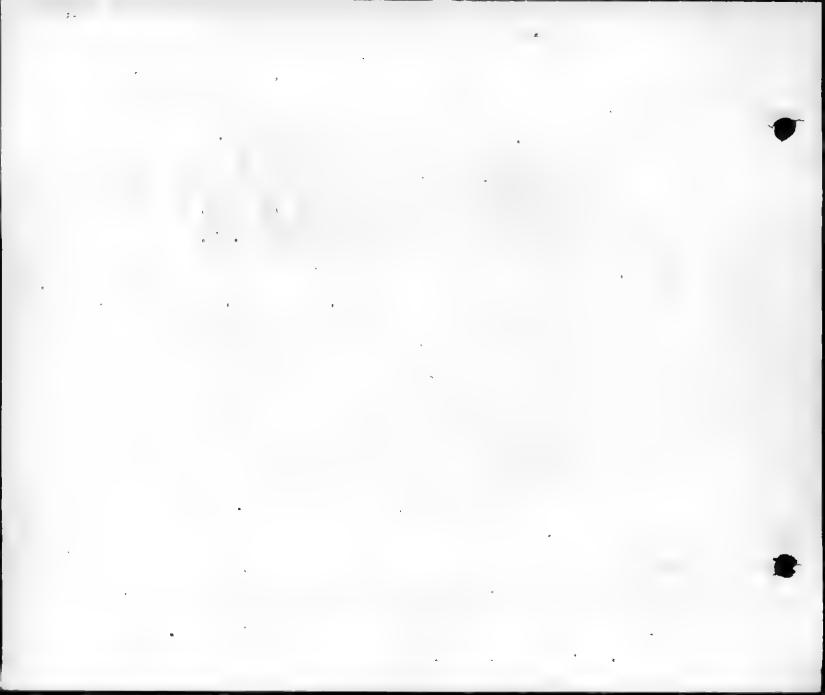
Reg. Dist. No.

1.	PLACE OF DEATH a. COUNTY	rederick		MAR	YLAND	2. USUAL F		are deceased	lived If institut b. COUNTY		ce before		on)
	b. CITY OR TOWN ( RURAL ond give.n. FTECCTLO	If autside corporate limi egrest town) DIS	ts, write	LENGTH OF STAY			r town (if or rectorac		rote limits, write	RURAL ond g	ive near	est fown)	)
	d. NAME OF HOSPI	TAL (If not in hospitol, phebus Ave		dress)		d. STRE 241	t Address Hebus	Ave	•		e		DENCE FARM? NO [
3.	NAME OF DECEASED (Type or print)	Elmire Nayl	-	Middle Sher Gray	•		Last	4. DATE OF DEATH	9. Mo	nth 1'	Day		959
S.	SEX F	6. COLOR OR RACE	7. MARRIEI WIDOWED			April	29-19 <b>2</b>	2	9. AGE (In years lost birthday)		1 YEAR I	Hours	R 24 HRS Min
10	during most of wor Domestic	ON (Give kind of work king life, even if retired	done 10b KI )	ND OF BUSINESS (			HPLACE (Store of			12.CIT1	ZEN OF	WHATCO	DUNTRY?
13.	FATHER'S NAME					14 MOTH	ER'S MAIDEN N	AME					
	Ollie E. I	Naylor				Hary	Viola A	unbush					
15		R IN U.S. ARMED FOR		CIAL SECURITY NO		FORMANT				dress		Fre	a. J.
Ľ	1.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Ma	ry V.	Naylor	11 W.	All Sai	nts S	tree	t	
C	PART I DEA		(a.	far (a), (b), and (c)	- L. (	Tend.	Com	- 4 . 4 . 5	1000	· · · · · ·		YAL BET	
	gove rise to i couse (a), stating lying couse fast.		U						(,				
CATION	PART II OTI	HER SIGNIFICANT CON	IDITIONS <u>CO</u>	NTRIBLTING TO DE	ATH BUT	NOT RELATE	TO THE TERMIN	VAL DISEASE	CONDITION G	VEN IN PAR		PERFOR	UTOPSY RMED? NO [4]
CERTIF	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	BE HOW INJURY C	CCURRED	. (Enter notu	re of enquey in P	ort for Port	II of item 18.)				
MEDICAL	20c TIME OF INJUR Hour o m. p.m.	Y Month, Day, Ye	White	Not while of work	20e. PLA foct	CE OF INJU ory, street, c	RY (Home, form, iffice bldg , etc.)	20f (City	or town)	(C	County)		(Stote)
	21. I certify th	nat I attended the	deceased	from 19	Frb	2, 19_5	1, ta_/_	7 50	127, 195	/,that I la	st saw	the de	eceased
	alive an	8 Aug	., 19_5	$\mathcal{L}_{+-}$ , and that	death							stated	above.
	ACTUAL SIGNATURE/	R.G. PS	PJ.C	per com	^	۱.D	,	ADDRESS (SI	reet, city or town	, stote)	13	DATE	SIGNED
	PHYSICIAN'S NAME (Type)	Robert 1	4.74	19 x = 12				<i>f</i>	- ا	6		) p/.	lex.
220	REMOVAL (Specify)		)F	22c. NAME OF CEM		CREMATOR	Y		ION (City, town,			(Stote	:)
22	FUNERAL DIRECTOR	9-21-59		Fairvie ADDRESS	¥¥		O.4- DECIE	BY REGIST	derick,	ISTRAR'S SIG		E	
		Hicks 111	Freds	erick. Ma	rvlan	d		2 2 '59	T .	Chur At 1	1 -		
		a a real of a second designation	4 5 000	armore mer	- 17	100	DAIRST	E & J4	-	and a second			

death Page 4 moy be retain. It is haspital as attention physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cemating, and in any event within 72 hours after doth. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

VS A15 (4) 1SM 9/SB



VS A15 (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

NORE, 18 102(14

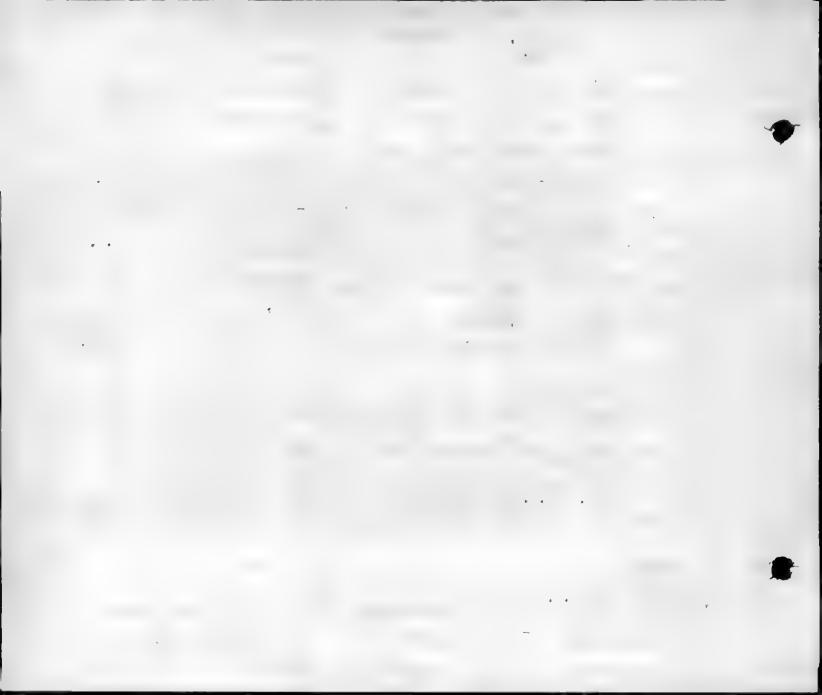
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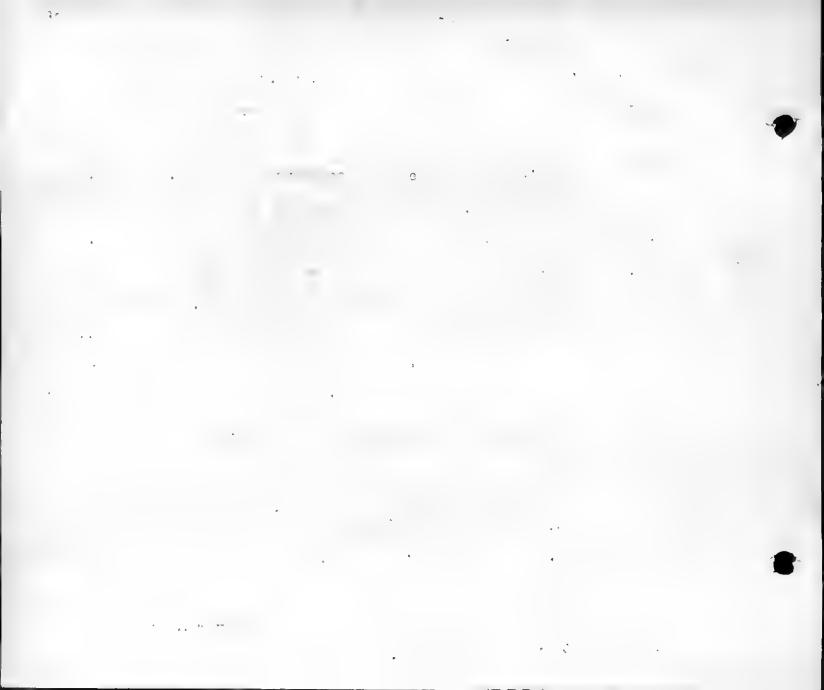
**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1	1 PLACE OF DEATH a. COUNTY			2	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission)								
	a. COUNT	Erederick	MARYL	AND	Maryland b. COUNTY Frederick								
	b. CITY OR TOWN RURAL and give	(If outside corporate limits, wr	rite c LENGTH OF STAY I	N 16	c. City OR TO	OWN (If a	utside carpo	rate fimits, write R	URAL and g	ive neare	st tawn	)	
	Braddock		1 Week		// Fr	reder	ick						
	d. NAME OF HOSE OR INSTITUTION	TTAL (If not in hospital, give st	treet address)		d STREET ADDRESS e 15 RESIDE								
		Convalescent	and Rest Home		19 1	East	Churc	h Street				NO.	
	3. NAME OF	First	Middle		Last		4. DATE	Man	th	Day	١	eqr .	
	(Type or print)	LUCILI	E VIRGI	VIRGINIA		NER	DEATH	Septe	mber	2	7, 1	<b>5</b> 9	
	5 SEX	6. COLOR OR RACE 7. A	MARRIED   NEVER MARRIE	D NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UN lost birthday) Mani								R 24 HRS	
	Female	Whiten wo	OWED DIVORCED		pril 10	, 189	2	67 yrs.	Months	Days	Hours	Min	
	10a USUAL OCCUPAT	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)			Y 11 BIRTHPLA	ACE (State	or foreign c	ountry)	12. CITI			DUNTRY?	
П	Domestic	, , , , , , , , , , , , , , , , , , , ,	At Home		Virginia USA								
/	13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME								
	G	eorge Clinton	Streams		6	Sarah	Swani	k					
	5 WAS DECEASED EVER IN J. S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMANT Address							ress		Mar	yland		
	free no, or ormowing	Mrs. Anna Edwards-21 West Fourth St., Frederick										erick	
	18. CAUSE OF D	ATH [Enter anly one cause p	per line for (a), (b), and (c).]							INTER	VAL 8E	WEEN	
	PART I. DI	ATH WAS CAUSED BY:	Squamous c	ell	Carem	erten	100	ruck			1 AND		
	1777 3	DUE TO	0				/	-			1		
	Conditions, if	any, which ) (b)				Ì				`			
Ì		gove rise to immediate cause (a), stating the under:											
	lying cause las		<u> </u>										
	PART IF O	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO	THE TERMI	NAL DISEAS	E COND TION GIV	EN IN PART	1(a) 19	WAS A	UTOPSY	
	PART IF O									١,		NO 🐧	
	I. EZVO ACCIDENT Y	VAS UNDERLYING ☐ 20b.	DESCRIBE HOW INJURY OF	CURRED.	Enter nature of	injury in f	art I or Por	t II of item 18)					
		Y MEDICAL EXAMINER)											
	20c TIME OF INJU			20e. PLAC	E OF INJURY (H y, street, office	lome, farm bida etc.	. 20f. (City	or tawn)	(0	ounty)		(State)	
	∑ p. m	19 17	/hila Not while	100.0	,,,	oragi, cre	1						
	21. I certify	21. I certify that I attended the deceased from Local 21 , 19.59 , to Sept 22 , 1958, that I last saw the deceased											
	alive on	Sept 26 1	1929 , and that										
		0 00 0						treet, city or town,			DATI	SIGNED	
	ACTUAL SIGNATURE	J 14 che	you true	M.I	Profe	ssion	al Bu	ilding		9	/29	/59	
1	PHYSICIAN'S T				-		.,						
1	NAME (Type)	ouis R. School	Iman, M.D.		Frede	rick,	Mary	Land					
	22g. BURIAL, CREMAT	ON, 22b. DATE THEREOF	22c. NAME OF CEME					TION (City, town,	or county)		(State	4	
	Burial (Specif	" Oct.1,1959	Mount Oliv	ret C	emetery		Fred	erick,		Mary	Lan	a	
	23. FUNERAL DIRECTO		ADDRESS Worse	Lan L			D BY REGIST		STRAR'S SIC				
	M.R. Etch	M.R. Etchison & Son, Frederick, Maryland DATE OCT 1'59 Cultur & Kuns											







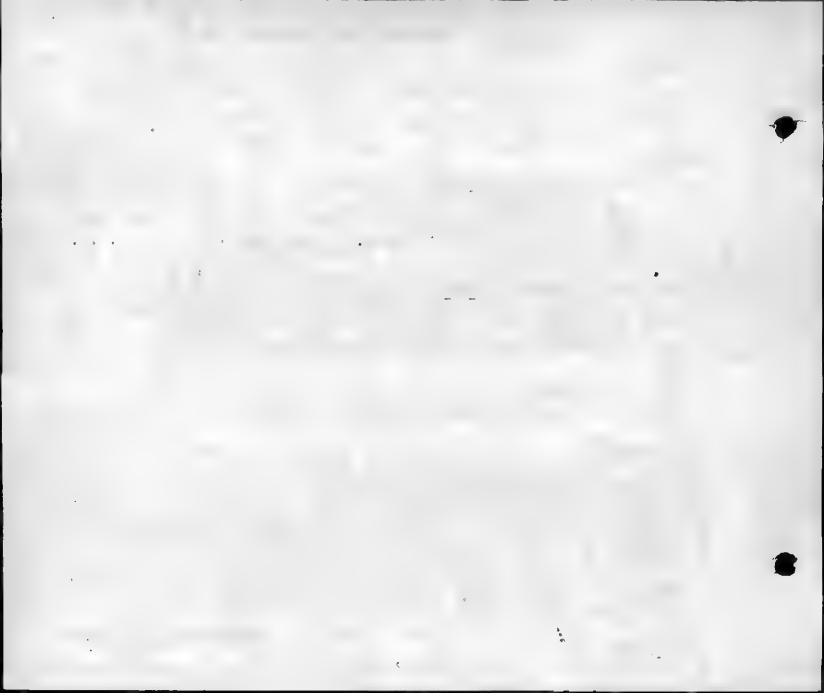
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10207

14/35			Kel	, DISI. 140.
1. PLACE OF DEATH		11	Where deceased lived. If institution: R	
Frederick	MARYLAND	o. STATE Mary	land b. COUNTY Wa	shington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give recreat town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF	outside corporate limits, write RURAL	and give nearest town)
Route 40		Hagerst	own	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS	9 Cypress St.	e. IS RESIDENCE ON A FARM?
Frederic Memorial Hos	pita <b>l</b>	xCrescent		YES NO K
3. NAME OF First	Middle	Lost	4. DATE Menth	Day Year
(Type or print) Robert	I ee l	lughes	DEATH September	24 19 59
5. SEX 6. COLOR OR RACE 7- MARRIE		DATE OF BIRTH	Inst buildenst	DER TYEAR IF UNDER 24 HRS.
Male White WIDOWED	DIVORCED	larch 25,19	936 23 ун. [Моля	hs Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. Kind during most of working life, even if retired)	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole	or foreign country) 12	CITIZEN OF WHAT COUNTRY
Draftsman Tec	asbington Ass	o. Perga	Legger N.C.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Joe J. Hughes		Margaret	Goodma	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S [Yes, no, or unknown]   [Vi yes, give wor or dotes of service)   27	l. al. aral	FORMANT	Address	
10	4-34-0534 C	harles Rou	zer Funeral Ho	me
18. CAUSE OF DEATH   Enter only one cause per line f	or (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	crushed Ches	t		1/2 hou
Conditions, if any, which (b)				
gave rise to immediate cause ( (a), stating the underlying DUE TO				
cause tost.				
PART II, OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NALDISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CO				YES NO Z
PRIMARY-D or CONTRIBUTING THE CAUSE OF DEATH.	HOW INJURY OCCURRED (E	nter noture of injury in Parl	Ton Port II. of item 18.) w, of	Frederick
	on collisio	Il Vonce 40	77 INITIOD 1130-	
20c. TIME OF INJURY Month, Day, Yeer 20d. It Hour Xaxin. 9/24 1959 White of wor	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form	20f. (City or town)	(County) (Stote)
Hour Yoxin. 9/24 1959 While of wor	Not while ROL	ry, street, office bidg., etc.	Route 40 Fr	ed ric, Md
21. I certify that I taak charge of the re	emains described abo	ve, held an Autaps	y , Inspection X, Inc	juiry 🔀, and find that
death resulted from: Natural causes	], Accident 🗷, Suid	cide 🔲, Hamicide		
ACTUAL BODE			_	DATE SIGNED
SIGNATURE SIGNATURE	men-		AMINER	
EXAMINER'S	D	ASSISTANT MEDICA	septen	nber, 25. 1959
NAME (Type) B.O. Thomas, N.		DEPUTY MEDICAL I		
REMOVAL (Specify)	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town, or coun	
Burial 9/24/1959	Rest Haven C		Hagerstown	Maryland
Suter-Rouzer Funeral Home			D BY REGISTRAR'S	
R. Franklin Borrer	Hagerstown, Ma	TTY THE DATE S	EP 28 '59 archur	A trave

V\$. A15ME(5) 5M 9/55

or removal.

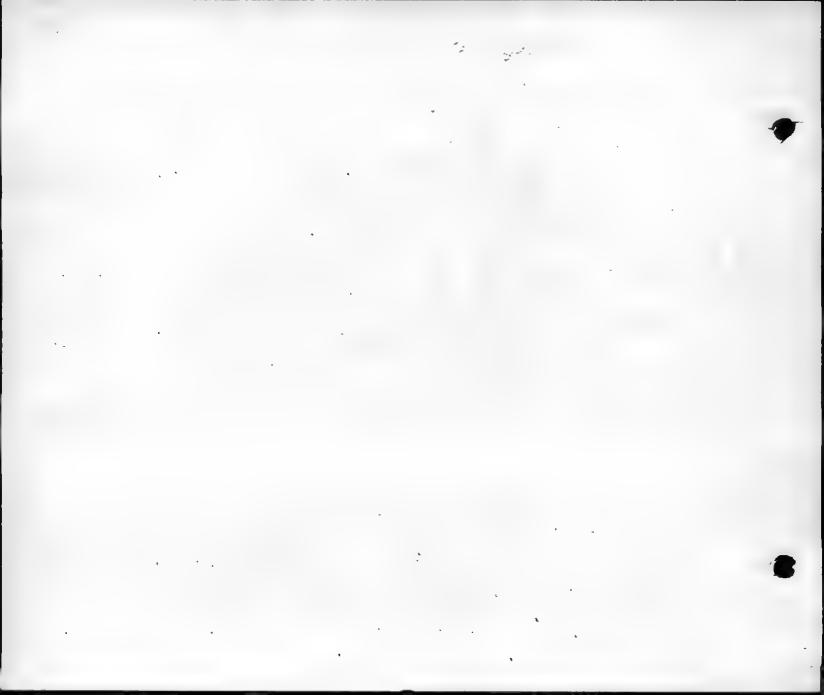


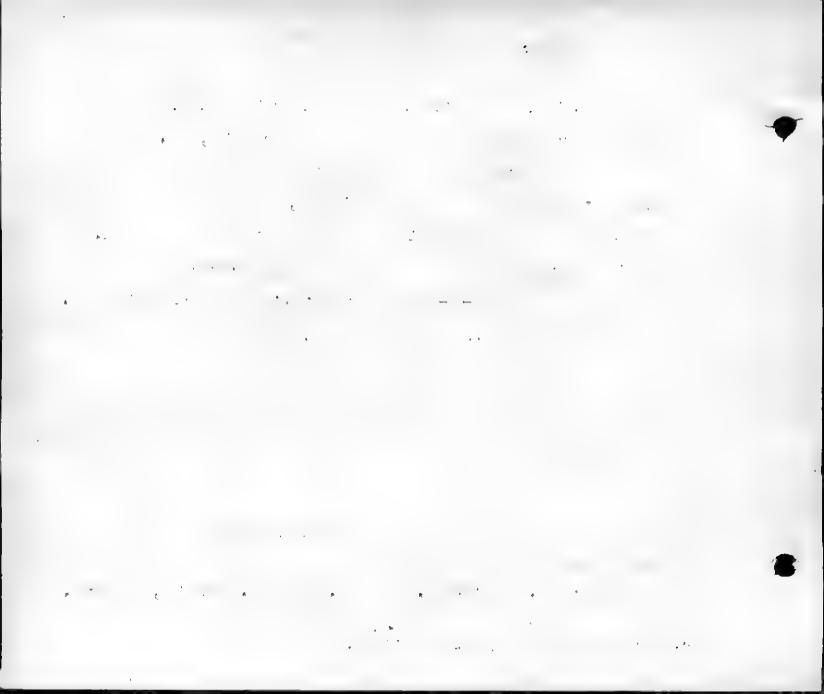
-1	10237	CERTIFICATI	OF DEATH	Reg. Dist. I	No.
ı	1. PLACE OF DEATH	2. 5	USUAL RESIDENCE (Where decease	d lived If institution: Residence b	efore admission)
	o. COUNTY Frederick	MARYLAND	STATE Marula	act b. COUNTY Frede	wick
Ī	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tays) 1	NGTH OF STAY IN 16	c. CITY OR TOWN (If guiside corp	prote impls, write RURAL and give	nearest lawn)
	Mount-Hills	2 4.05 ×	Mount	AIrl	
Ī	d NAME OF HOSPITAL (If not in toppital, give street addres OR INSTITUTION	5)	d STREET ADDRESS	0 1	e IS RESIDENCE ON A FARM?
	802 50. Main	J+ 11	807 50.	Mainst	YES NO
1	3 NAME OF First DECEASED	Middle	iost 4. DATE	Month	Day Year
	(Type or print) Maggie	-adella.	Jones DEATH	Sectember	8 19.59
-	5 SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED 8. DA	ATE OF BIRTH	9. AGE (In years   IF UNDER 1 YE lost birthdoy)   Months   Day	AR IF UNDER 24 HRS.
	Femala White WIDOWED IX	DIVORCED   /	OV. 201872	26 yrs.	s Hours Min.
	100 USLAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12 CITIZEN	OF WHAT COUNTRY?
-	Housework H	07216	Maryland	1 4	(,-1,
1	13. FATHER'S NAME	14	. MOTHER'S MAIDEN NAME		1.
	Apra nam Diehl		Jennife El	17-2beth No	3/ナン
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes, no, or unknown) [11 yes, give wor or dotes of service)]	AL SECURITY NO. INFOR	EMANT Juling E	Ilev Address	
	No	CONE	/	Mt Airy, N	ld.
	1B. CAUSE OF DEATH (Enter only one couse per fine for		10 0 10	, 0	NTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY.	eriosclevi	Fic Cardio	V2SCU/21-	10HK
	DUE TO		Disea.	se.	/-/-
	Conditions, if any, which (b)				
1	couse (a), stating the under-				
	lying couse lost. ) (c)				Les Mars Autonom
Н	PART II OTHER SIGNIFICANT COND TIONS CONTR  200 ACC DENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(0	PERFORMED?
	S 20- ACC PEAR MAC IN INCOME. TO THE SECONDS.	HOW WILLIAM OCCUPATE AT		H - C % 10 S	YES NO
	200 ACC DENT WAS UNDERLYING TO 20b. DESCRIBE I OR CONTRIBUTING CAUSE OF DEATH OF FITHER, NOTIFY MEDICAL EXAMINER!	HOW INJUST OCCURRED. (EF	nter nature of injury in Port 1 or Po	rr ii or iiem is )	
-		OCCUPATE 20 PLACE	DE INTUINE See 705 (C)		18.4.4.6
	Haur o.m While _ f	Not while foctory,	OF INJURY (Home, farm, 1 20f (Cit street, office bldg , etc.)	y or town) (Coun	rty) (State)
	p. m. Iy of work o	of work		/	
	21. I certify that I attended the deceased fr		., 195 (, to Jefet	, 19. 7, that I lost s	ow the deceased
	olive on J. P.T. 8 19.19	, ond that death occ		the couses and on the de	ote stoted obove.
	ACTUAL 110 AR C. C.	0000	800 So.	Street, city or lown, state)	DATE SIGNED
.	SIGNATURE (1993) CHICK	M.D.	800 20.	(15111 7/2	9/8/-1
	PHYSICIAN'S M.B. CUILL	rell	Mt. Airy	Md	
Ī	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c	NAME OF CEMETERY OR CRI	EMATORY 22d COC	ITION (City, fown, or county)	(State)
	BURIAL (Specify) 9/11/5-9 B	EAVER DAM	) FR	FDERICK	mp
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240, REC'D BY REGIS		
	NN Harbler Trans Union	Bridge M	DATE SEP 11	159 Ciristum & 1	COMME

TO HOSPITAL OF ITENDING PHYSICIAN: The low requires that the death certificate be executed minimum or the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by like funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove critical pages. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, at removal, and in any event within 72 hour after death.

VS A15 (4) 15M 9/58







5M 9/55

PLACE OF DEATH

b. CITY OR TOWN (IF

d. NAME OF HOSPITA

NAME OF DECEASED (Type or print)

5. SEX

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
10216 ICAL EXAMINER'S CERTIFICATE OF DEATH	let. No. 10211
2. USUAL RESIDENCE (Where deceased lived. If institution, Residence of State Maryland b. COUNTY By	ence before admission)
c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and	give necrest town)
OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  12.23 Hilaay St	e. IS RESIDENCE ON A FARM? YES NO
Posse Chinacol Death Supt. 2	Doy Year 1959
WIDOWED DIVORCED 1 Jan 3, 1400 2 / yrs.	TYEAR IF UNDER 24 HRS. Days Hours Min.
I (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITI  Plant FC  Many Land	S. A.
in Beekley Not KNOWN	
IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1919 yes give wor or dates of services 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1919 YES GIVE WOR OF DECEMBER 1919 1919 1919 1919 1919 1919 1919 19	LTIMORE
[Enter only one cause per line for (a), (b), and (c).]  WAS CAUSED BY: IMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
which) (b) docustion both arms	
derlying DUE TO possible fractine of Skull	
R SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 (o) 19. WAS AUTOPSY PERFORMED? YES NO 1
E WAS RIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part & or Part II of item 18.)  Struck Colored Parts 340 autoterned over	
Month, Day, Year 20d, INBURY OCCURRED 120e, PLACE OF INBURY (Home form 120f ICIN or town) (Co.	

10a. USUAL OCCUPATION during most/of working 13. FATHER'S NAME 15. WAS DECEASED EVE 18. CAUSE OF DEATE PART I, DEATH Conditions, if any gove rise to immedi (a), stoting the un couse lost. PART II. OTHE CERTIFICATION 9 20g. EXTERNAL CAUS PRIMARY IN IN CONT CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY actory, street, office bldg., etc.) While Not while 119 59 at work at work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection 📆, Inquiry 17, and find that Accident [7], death resulted fram: Natural causes , Suicide . Hamicide Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 9/24/ 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 2 3 '59 arling & Krous



٨	<b>ARYLAND</b>	STATE	<b>DEPARTMENT</b>	OF HEALTH-BA	LTIMORE, 18

10239 CERTIFICATE OF DEATH

Reg. Dist. No. 1 219

o. COUNTY	rick		MARYLA	- 11	- STATE	Maryl	ere deceased lived and	ATT OF A LIN ARREST	Frede:		an)
	If autside carporate limearest tawn)	ts, write	c. LENGTH OF STAY IN	1b	/		utside carporate lin ural RD#		AL and give	nearest lawn	}
d. NAME OF HOSPI OR INSTITUTION Edgewood	TAL (If not in hospital, sold Road	jive street	address)	1	d. STREET A Edgew		oad				PARM?
3. NAME OF DECEASED (Type or print)	CHARLES	'SÎ	MILTON	•	KLINE		4. DATE OF DEATH Se			1	Year 19 59
S. SEX	6 COLOR OR RACE	7. MARR	IED NEVER MARRIED	8.	DATE OF BIRTH	1	9. AG	E (In years III	UNDER	EAR IF UNDE	R 24 HRS
Male	White	WIDOW	DIVORCED (	J   2	26 July	1893	60	5 yrs.	Aanths Do	iys Haurs	Min.
10a USUAL OCCUPATION during most of war	ON (Give kind af wark king life, even if retired	dane 10b,	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPL	ACE (State	or foreign country)		12 CITIZE	NOF WHAT C	OUNTRY?
Stone Mas	son	' Co	nstruction		Mary	land			USA		
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
Charles I	. Kline				Lola	Ann R	ebecca K	Line			
15 WAS DECEASED EVE (Yes, no. or unknown) Yes WWL	ER IN U. S. ARMED FOR (If yes, give wor or define of s	eronen) i	social security no 12-16-2 <b>852</b>		ormant ert H.	Smith	1042 Se Hagers	curity town, M	Road		
PART 1. DE/  42/, /  Canditians, if a gave rise to a cause (a), stating	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Aortic Stenosis  UH 2/, / DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause ast.  Output  DUE TO  Arteriosclerosis									INTERVAL BETWEEN ONSET AND DEATH 5Yrs 5Yrs	
PART H OT		DITIONS C	CRIBE HOW INJURY OCC	H BUT NO					IN PART 1	PERFO	AUTOPSY RMED? NO []
	CAUSE OF DEATH										
20c. TIME OF INJUI	RY Manth, Day, Ye	While	NJURY OCCURRED 20  Nat while  at wark	e PLACI factar	OF INJURY (I y, street, affice	dame, farm bldg., etc.	, 20f. (City ar to	<b>~</b> ⊓}	(Cot	enty)	(State)
21. I certify the alive on . S.	Len . 8		ed fram	eath a	ccurred at	25.	M, from the conditions (Street, or ket Street)	auses and ity or lown, ste	an the c	late stated	eceased l abave E SIGNED
PHYSICIAN'S NAME (Type)	B. O. Thom	as, M	. D.		Frede	rick,	Marylan	d			
220. BURIAL, CREMATIC REMOVAL (Specify Burial	17 Sep 5		22c. NAME OF CEMETE Rocky Spri			У	22d. LOCATION ( Rocky S		county)	Md.	0)
M. R. Etch:		Fred	ADDRESS lerick, Mary	land			BY REGISTRAR EP 2 2 '59	246. REGISTI	RAR'S SIGN		

Two for One. FilmG249 9-24-59 et

with director, Filed

	MARYLAND	STATE DEPART	WEN	IT OF HEALTI	H—BAL	TIMORE, 1	8	1	02	13
	10224	CERTIFIC	CAT	E OF DEATI	Н		Reg. D			
İ	PLACE OF DEATH COUNTY Frederick	MARYLAN		USUAL RESIDENCE (WO. STATE Mary)	_	d lived. If instituti b. COUNTY		_	re odmis	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick	lb /	Brunswic		rote limits, write R	URAL and	give ne	orest tow	n)	
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 47 West **J** Street			d. STREET ADDRESS	st "J"	¹ Stree	b			FARM?
	3. NAME OF DECEASED (Type or print) Polly	psc	lost OMD	4. DATE OF DEATH	9-6-	ith	Do	,	Year 1959	
	S. SEX 6. COLOR OR RACE 7. MARRI Female Col. WIDOWE	ED THE NEVER MARRIED [	~	ATE OF BIRTH 7-4-1877		9 AGE (In years last birthday) 82 yrs.	Months:	R 1 YEAR Days	Hours	Min.
	10a. USJAL OCCUPATION (Give kind of work done 10b. ) during most of working life, even if retired) HOUSE WITE	OMO	IDUSTRY	Virgir		ountry)	12 (1		S.A.	
	13. FATHER'S NAME Willis Whit	ten	14. MOTHER'S MAIDEN NAME  (Unknown)							
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. S (Yes, no, or unknown) (If yee, give wer or dates of service)	OCIAL SECURITY NO.		rmant rry L.Lip	scom	Add Bruni		k,M	aryl	and
		o for (o), (b), and (c).]	d c	ongestive	hear	t failu	re		ERVAL SE	
	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.	terioscler	oti	c cardiov	ascul	or dise	ase			

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?

YES NO

MEDICAL 20c. TIME OF INJURY Month, Doy, Year

o. m.

20d. INJURY OCCURRED

20e PLACE OF INJURY (Home, form, 20f, (City or town) foctory, street, office bldg., etc.)

(County) (State)

alive an Sept

CATION

While Not while of work 21. I certify that I attended the deceased fram

1957 , 10 Sept. 6.

1959, that I last saw the deceased

ACTUAL SIGNATURE

that death accurred at 11:20% from the causes and an the date stated above

Maryland Ave.

PHYSICIAN'S NAME (Type)

Byron Kao. M.D. 220. BURIAL, CREMATION, 226. DATE THEREOF

9-9-1959

Brunswick. 22c. NAME OF CEMETERY OR CREMATORY Lucketts

22d, LOCATION (City, fown, or county)

(Stote) Lucketts, Virginia

23. FUNERAL DIRECTOR'S SIGNATURE

BYSY SETTY

ADDRESS

24a, REC'D BY REGISTRAR

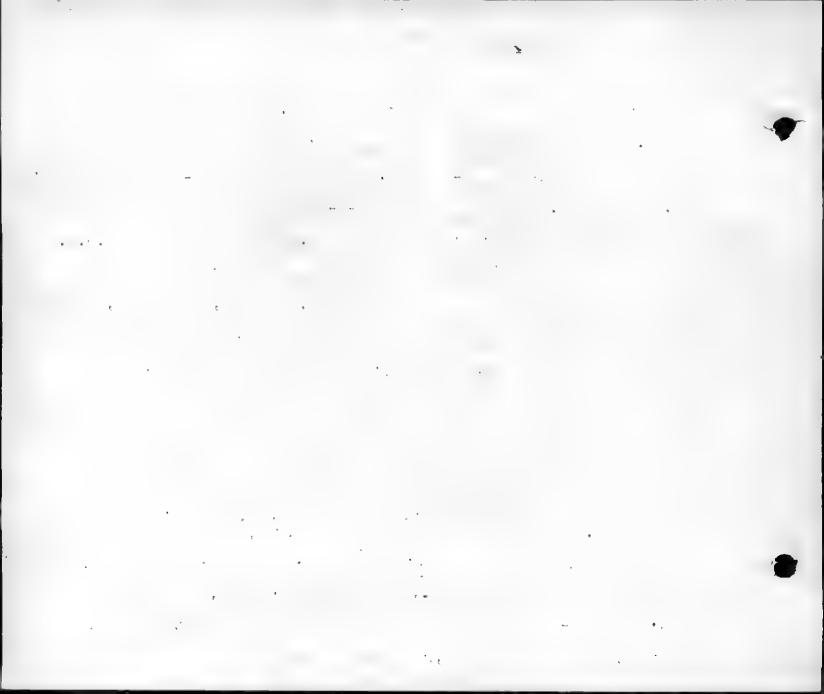
24b. REGISTRAR'S SIGNATURE

Brunswick, Maryland

Cithur & Kines DATE SEP 1 0 '59

VS A1S (4) 15M 9/5B

registror



TO HOSPITAL P

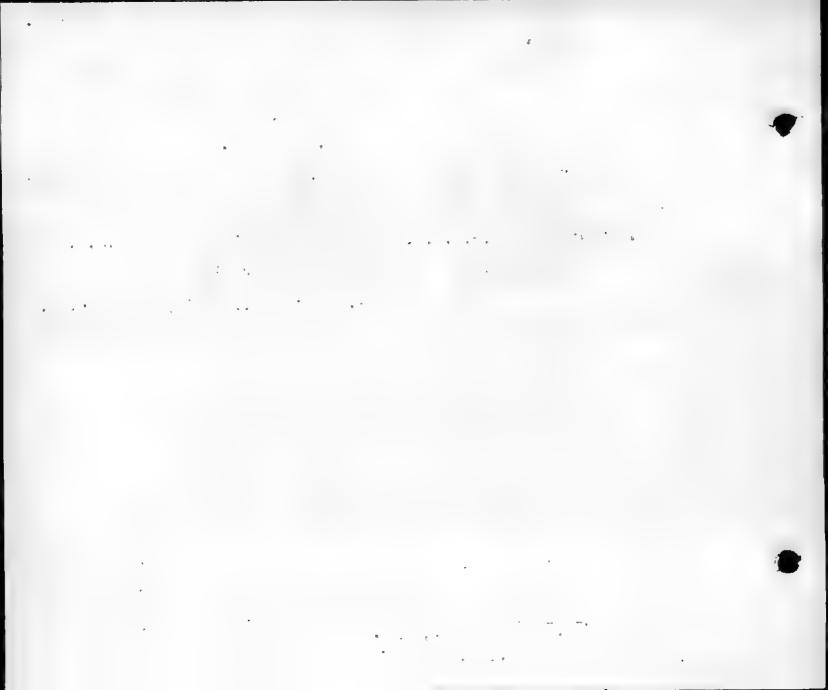
V5 A15 (4) 15M 9/S8

V	
1	
# <del>*</del>	1. PLACE C

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7	п	9	- 1	10
Л.,	U	6	-18	7

		10217		CERT	IFIC	ATE OF E	DEATH	i		Reg. D	ist. No	J.	
1.	PLACE OF DEATH o. COUNTY	Freder	cick	MAR	YLAND		DENCE (Whe		d lived. If institution b. COUNTY		der		
	Freder:	ick		c. LENGTH OF STAY		111	iown (if or		rote limits, write R	URAL ond	give ne	arest to	wn)
	d. NAME OF HOSP OR INSTITUTION	Montevi		oddress)		d. STREET A		t Ex	•			ON	A FARM?
	NAME OF DECEASED (Type or print)	Thomas	te	Miller	e	Longbra		4. DATE OF DEATH	9 Mon	* 1	0	у	Yeor 1959
. 1	Male	6. COLOR OR RACE	7. MARRI WIDOWE	ED NEVER MARR		3-10-			9. AGE (In years lost birthday) 72 yrs	IF UNDE Months	Days	Hour:	DER 24 HR
0a	Hetired	ION (Give kind of work with the property of th	done 10b. 1	& O.R.R.			ACE (Slote of Vir.				U.S		COUNTRY
3.	FATHER'S NAME		_			14. MOTHER'S	MAIDEN N.	AME					
		John Lor	igbra	.ke			Dal	lis }	Willer				
5	WAS DECEASED EV	ER IN U S. ARMED FOR		OCIAL SECURITY NO	٥.	INFORMANT			Add	ress			
(14.	NO Or Unknown)	tir yes, give war or asser ar a	in a trail		M	rs.Gert	rude	L. Go	odwin,	Arli	net	on.	Va.
		ATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	(	e for (a), (b), and (c)	oli,	mej a	oca	edi	tis		ON	ERVAL I	BETWEEN D DEATH
	Conditions, if gove rise to couse (o), stating lying couse lost	immediate DUE TO		Jan	Jan 1	egen						17	160
CALICA	PART IF O'	THER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DI	EATH BU	T NOT RELATED TO	THE TERMIN	VAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	PERF	S AUTOPS) ORMED?
CERTIFICATION	20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20Ь. DESC	RIBE HOW INJURY O	OCCURRE	D (Enter noture o	if injury in P	ort for Por	t II of item 18.)				
MEDICAL	20c TIME OF INJU Hour o.m. p.m.		or 20d IN While of work	Not while of wark	20e. Pl	ACE OF INJURY ( ectory, street, office	Home, form, bldg., etc.)	20f (City	or town)		(County)		(Stote
	21. I certify t	hat I attended the	decease	ed fram		19.574	/, ta	cega	10, 1959.	that I I	ast sav	w the	decease
	alive an	5-C-67 1	. 19 5	g and tha	t deatl	/			the causes an				
	ACTUAL SIGNATURE_	HYKe	LUL_	Brokerine gas a		m.d. <u>"7.)7</u>			treet, city or lows,		car		ALLE SIGNE
	PHYSICIAN'S NAME (Type)	1741c	Lun	a 711-	do		Fred	Cerce	<u> </u>	710	1.		
	BURIAL, CREMATI REMOVAL (Specify Burial	9-13-19 St. War	59	22c NAME OF CEA	AETERY C		,	Pet	TION (City, town, corsvil)	e, Ma	aryl	lan	ote)
3.	FUNERAL DIRECTO		nswi	ck, Maryl	and		1	BY REGIST	.				
2	all fl			ATT A TITLE TO T			DATE SE	P 1 4 3	59   ~	" n !	7,500	MA.	



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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL FORTENDENG PHYSICIAN: The law requires that the death certificate be ex may be retain the hospital ar attending physician.

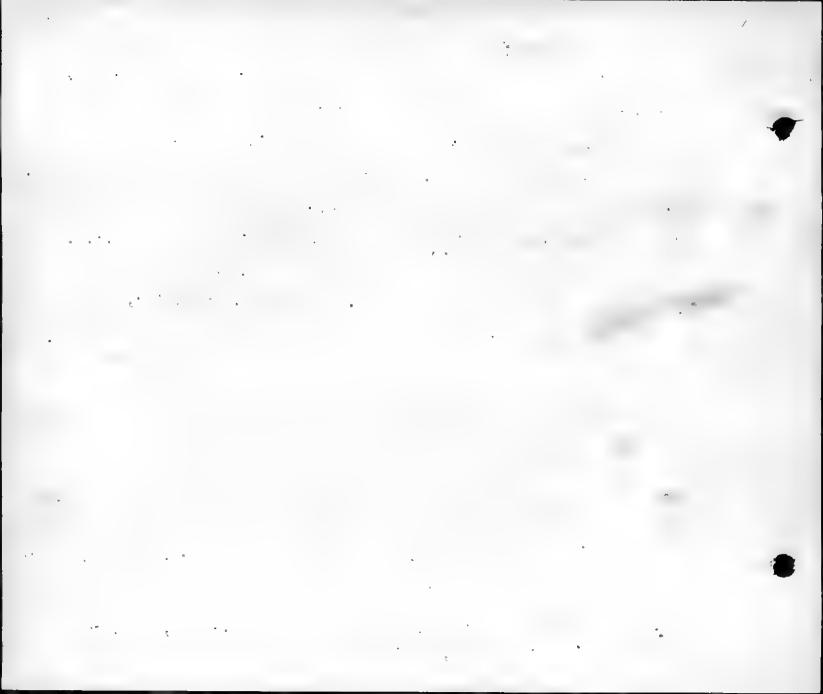
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon the registror priar ta burial, crematian, ar remaval, and in any event within 72 hours after the

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTIEICATE OF DEATH

10215

L		1000	2	CERTI	FICE	ALE OF DEATH					Reg. Dist. No.		
٦,	PLACE OF DEATH	1044	3			2, USUAL RESIDENCE (Where deceased lived. If institut on Residence before addressed lived.						fore admis	scon)
L	o. COUNTY	rederick		MARY	/LAND	o. STATE	faryl	and	Ь. СС	F	reder	ick	
	b CITY OR TOWN I	(If outside corporate lim learest town)	its, write	c. LENGTH OF STAY	IN 16	c CITY OR T	TOWN (If o	utside corpo	rote limits,	write RURA	L and give n	earest fow	n)
L	Brunswi			26 year	3	Bruns	swick						
	OR INSTITUTION			oddress) Street		d. STREET A	Cast	n GH S	t trans	+		ON A	SIDENCE ( FARM? ] NO [
3.	NAME OF	/—— Dago		Middle				4. DATE	HAR TO				
3.	DECEASED (Type or print)	Harry	rsi .	C		ynch	er.	OF DEATH		Month Q	22	,	Yeor 19 5 Q
5.	SEX	6. COLOR OR RACE	7- MARI	RISE NEVER MARRI	-	B. DATE OF BIRTH	Н	1	9. AGE (In		UNDER TYEA	R IF UND	ER 24 HRS.
	Male	White	WIDOW	ED DIVORCE		7-20-19	06		53 birt	yrs M	onths Days	Hours	Min
10	J. USUAL OCCUPATI during most of wor	ON (Give kind of work rking life, even if retired Engine)	done 10b,	Railroad	OR INDUS	TRY 11, BIRTHPL	ACE (Stote	or foreign co	ountry)		12 CITIZEN		OUNTRY?
J.C	comotive	Engineer	5 1	Washingto	n					i	U.S	.A.	
13	FATHER'S NAME			(Termina	LL)	14. MOTHER'S	MAIDEN N	IAME					
L	UN	KNOWN						UN	KNOW	N			
	WAS DECEASED EVI	ER IN U. S. ARMED FOI (If yes, give wor or dates of :		SOCIAL SECURITY NO		NFORMANT				Address			
L	NO				Mı	s.Flor	a Ly	nch,	Brun	swic.	k, Mar	ylan	ıd
	18. CAUSE OF DE	ATH [Enter only one co	ouse per li	ne for (o), (b), and (c).	]						IN	TERVAL BE	TWEEN
	PART I. DE	ATH WAS CAUSED BY. IMMEDIATE CAUSE (c	Ac.	ute cardi	OVE	scular	thro	mbos	is		O.	mi	
	420.1	DUE TO											
	Conditions, if t	any, which )											
	gove rise to	immediate (	,										
	lying couse lost.	THE Under-	c)										
z	PART II. OT	HER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION	ON GIVEN	IN PART 1(o)	19. WAS	AUTOPSY
CATION											, ,		RMED?
CERTIFI	200 ACCIDENT W	AS UNDERLYING DEATH	206. DES	CRIBE HOW INJURY O	CCURREE	). (Enter noture o	f injury in F	Port I or Port	l II of item	1B )			
		MEDICAL EXAMINER)	1		,								
MEDICAL	20c. TIME OF INJUI	RY Month, Doy, Ye	ar 20d l	NJURY OCCURRED Not while	20e PLA	ICE OF INJURY (I	Home, farm a bldg., etc.	, 20F (City	or town)		(County	/)	(Stole)
ME	p. m	19	ol wor										
	21. I certify t	hat I attended the	deceas	ed from Mano	h 1	0 . 19 58	S ta Sc	t.	22 . 1	9 55%	ot I last so	w the c	eceased
	alive an Se		19		death	occurred at	12:15	of from	the caus	es and c	on the da	ta state	Labave
					o o q i i i	022011.02.04		ADDRESS (SI					TE SIGNED
	ACTUAL	W.		15	· .	M.D. 15 S	50. I	faryl:	and I	ve.		9-2	3-59
	SIGNATURE				,!	M.D							
	PHYSICIAN'S NAME (Type)	C.T. Byro	n Ka	o, H.D.		Bru	nswic	k, E	ryla	nd			
22	BLRIAL, CREMATIC	1 1		22c. NAME OF CEM	ETERY OF	CREMATORY		22d. LOCAT	TION (City,	town, or or	ounty)	(Sto	le)
	REMOVAL (Specify	9-25-5	9	Park He	igh	ta		Brur	iswic	k.Ma	rvlar	ıd	
23	FUNERAL DIRECTOR			ADDRESS			24a. REC	D BY REGIST		. REGISTRA	R'S SIGNAT	URE	
10	2. Lil Fe	reto Bi	rung	wick, Mary	lan	d	DATE	F 4 4 3	7	Lundin.	1 & Fina	er#	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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physician 00

attending the death

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certificate

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FUNERAL DIREC

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VS A15 (4)

1SM 9/58

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certificate be executed within 24 hours



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VS. A15ME(S) SM 9/55

10217

	100/4	DICA	LEXAM	IINEK 3	CERTI	TICA	IE OI	DEATH	Reg. Di	st. No.	
1. PLACE OF DEATH	10041					FIDENCE (	Where decea	sed lived. If institu			re edmission)
6. COONIT	Frederic	k		MARYLAND	O. STATE	Mary	land	b. count	eder	ick	
b. CITY OR TOWN	4 (M outside corporate limits, write	RURAL	c. LENGTH OF	STAY IN 15	c. CITY OF	TOWN (	f outside cor	porote limits, write			rest lown)
	Mt. Airy		Life		r	ural	Mt.	, Airy			
d. NAME OF HOS	PITAL OR INSTITUTION (	f nat in hos	pital, give street o	ddress)	d. STREET	ADDRESS R.D.	4				ON A FARM? YES NO
3. NAME OF DECEASED	Fin	H	Midd	le	Los		4. DATE	Mont	h	Day	Year
(Type or print)	JOHN	MCI	KINLEY	MER	CER		DEATH	SEI	PT.	25.	19 59
S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MA	RRIED . 8.	DATE OF BIRTI	1		9. AGE (In years	IFUNDER	YEAR I	F UNDER 24 HR
male	white	WIDOWE	DIVOR	CED [	May 29	, 18	396	63 yrs.	Months	Days I	Hours Min.
100. USUAL OCCUPA	TION (Give kind of work orking life, even if retired)	done 10b. K	IND OF BUSINESS	OR INDUST	RY 11. BIRTHPI	ACE (State	or foreign	country)	12. CITI	ZEN OF	WHAT COUNTR
Farme			owner		Mar	ylar	ıd		U	.S.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME	-			
	Charles	E. M	ercer		Lavi	nia	Pool	8			
15. WAS DECEASED	EVER IN U. S. ARMED FO		SOCIAL SECURITY	NO. 17. IA	FORMANT			Address			
Aea	W.W. 1		4-22-08	54 J	ohn D.	Mea	cer,	Unionv	ille,	Md.	•
18. CAUSE OF D	EATH [Enter only one cau	se per line	for (o), (b), and (c	}-]						INTERV	AL BETWEEN AND DEATH
PART I, D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (0)		Coro	nary	occlus	ion				10	Min.
· ×	DUE TO										
Conditions, if			Diab	etes	Mellit	us				5 ;	yrs
gove rise to imp											
couse lost.											
PART II. C	OTHER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO I	DEATH BUT N	OT RELATED TO	THE TERM	IINAL DISEAS	E CONDITION GIV	/EN IN PART		WAS AUTOPSY PERFORMED?
200. EXTERNAL C PRIMARY O or C CAUSE OF DEAT	CONTRIBUTING	b. DESCRIBE	HOW INJURY O	CCURRED. (E	nter noture of in	jury in Po	rt I or Part II	of item 18.)			
3 20c. TIME OF IN	JURY Month, Day, Yea	r 20d. I	NJURY OCCURRE		E OF INJURY (	Home, for	m, 20f. (Cit	y or town)	(Cov	nly)	(Stote)
20c. TIME OF IN		While et wo		fecto	ry, street, office	bloig, etc	)				
	that I took charge				re, held an	Autop	sv 🗔. I	nspection 🔼	Inquir	v IXI	and find the
1	ed from: Notural	_	_		and the same	lomicid	,	ndetermined	TOTAL	•	ond mid in
ACTUAL SIGNATURE	13/10-	Page 2		_	M.D. CHIEF A	KEDIÇAL E	XAMINER [			1	DATE SIGNED
						NT MEDIC	AL EXAMINE	ER 🔲			
EXAMINER'S NAME (Type)	B. O. THO	MAS			DEPUTY	MEDICAL	EXAMINER	发	9	-25	-1959
	TION, 22b. DATE THEREC	F	22c. NAME OF C	EMETERY OR	CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote)
BURTAI	9-29-1	959	Pine	Grove				Airy,		Md.	
23. FUNERAL DIRECT		W4	ADDRESS	r.a		240. REC	D BY REGIS	TRAR 24b. REGI	STRAR'S SIG	NATURE	
C. M.	Waltz,	MITIT	ield, N	IC.		DATE S	EP 3 D	'59 0	withing #	House	A



VS A15 (4) 15M 9/58

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Pages	
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remove	2 hours
pleos	within 7
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10218 **CERTIFICATE OF DEATH**

10218

Reg. Dist. No.

• COUNTY Frederick	MARYLANI	2. USUAL RESIDENCE STATE Mar	yland b	If institution Residence before COUNTY Freder							
b. CITY OR TOWN (If outside corporate lim RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 1  Life		c. City OR TOWN (if outside corporate limits, write RURAL and give nearest town)  // Frederick								
d NAME OF HOSPITAL (If not in hospitor. OR INSTITUTION Frederick Memorial	give street oddress) Hospital	13 4	d. STREET ADDRESS 11.0 Monroe Avenue  on A YES								
3. NAME OF DECEASED (Type or print) LOIS	inst Middle  S JACQUELINE	MILLER	4. DATE OF DEATH	Month Do September	14, 19 59						
5. SEX 6 COLOR OR RACE Female White	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 20 April	1927 32 32 S	(In years IF UNDER 1 YEAR outhday) Months Days	IF UNDER 24 HRS Hours Min						
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired Plant Worker	done lob. KIND OF BUSINESS OR IN Frederick Tool Engineer Corp.	OUSTRY 11. BIRTHPLACE (	Stote or foreign country) and	12. CITIZEN OI USA	WHAT COUNTRY?						
13. FATHER'S NAME		14. MOTHER'S MAIL	EN NAME								
Eugene M. Kemp		Dovie I	rene Harshma	n							
15. WAS DECEASED EVER IN U. S. ARMED FOI (Yes, no., or unknown) (If yes, give wor or dates of	service)	INFORMANT Mr. Eugene M	. Kemp (Sam	Address ie as item #2	)						
Canditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART I: OTHER SIGNIF CANT CON	ochte Car			TION GIVEN IN PART 1(0)	9. WAS AUTOPSY PERFORMED?						
PART IN OTHER SIGNIF CANT CON  200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Ye											
YOU 20c. TIME OF INJURY Month, Doy, Ye Hour o. m. 19	ear 20d. INJURY OCCURRED 20e. While Not while at work of work	PLACE OF INJURY (Hame, factory, street, office bldg	form,   20f (City or Iown ,, etc.)	(County)	(Stote)						
21. I certify that I attended the alive an School Actual SIGNATURE PHYSICIAN'S B. O. Thomas NAME (Type)	1937 , and that dec	ith accurred at 2:2	ADDRESS (Street, city arket St.	uses and on the date or town, state)	the deceased stated above. DATE SIGNED at 1959						
220 BURIAL, CREMATION, 22b DATE THERECONSTRUCTION (Specify) 9-18-59		OR CREMATORY	22d LOCATION (Cit		(Stote)						
23 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Sor	ADDRESS	240.		Maryland Red REGISTRAR'S SIGNATUR  Arily & Kra							



th. Ice	rol director.	oe Elect with	P E
TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the Mach certificate be emecuted within 21 hour of the delith. Hope in the beautiful of the standard of the lower of the standard of	fed in b	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the realistrat prior to burial, cremation, or removal, and in any event within 72 hour after death.	-
emcuted within	nd completely fil	in papers. Page death.	
th certificate be	ding physician a	page 3 should be detached for use as the burial-transit permit. Then please remove corban pape the realstrat prior to burial, cremotion, or removal, and in any event within 22 hours after death.	
ires that the IIIIo	ned by the atten	ermit. Then pled	
Is The low requi	ite has been sign	buriol-transit par removal, and in	
ING PHYSICIAN	fter this certifica	d far use as the II. crematian, or	
IL OF ATTENDI	D. OR. A	ould be detached or prior to burio	
TO HOSPITA	TO FUNERAL	poge 3 sho	
15	M 9/	\$\$	

		7021	00	CEI	RTIFICA	ATE OF D	EATH			Reg. Dis	I. No.		
1. PLA	CE OF DEATH					2. USUAL RESID	ENCE (Where	deceased live	d If institutio	ını Residenc	e before	odmiss	ion)
u. C	OUNT	Frederick	2	1	MARYLAND		Maryle	and	b. COUNTY	Carro	11		V
ь. C	ITY OR TOWN (I URAL and give n	f autside corporate limit	, write	c. LENGTH OF	STAY IN 16	c. CITY OR T	OWN (If auts	ide carporate l	imits, write RL	JRAL and g	ive near	ast lown	1)
	Fred	<u>lerick</u>		1 de	a <b>y</b>		Mt. A	liry		, 7 } %	4		
d b	OR INSTITUTION	AL (If not in hospital, gi				d. STREET A					0.	. 15 RES	IDENCE FARM?
	Freder	rick Mem.	Hos	pital			Main	St.					NO 🔳
DEC	ME OF EASED e or print)	Clara Fin	1	0.	iddle	Nai /	1	DATE OF DEATH	Sep	h	Doy		rear 195-9
S. SEX		6. COLOR OR RACE	7. MARE	HED NEVER N	ARRIED 🔲	8. DATE OF BIRTH		9 A	GE (In Fears	IF UNDER Manths	$\rightarrow$		
	ale	11111111111	WIDOW		ORCED 🔲	8-17-3			ob yrs.	MONINS	Days	Hours	Min
10a. U!	TING MOST OF WOR	ON (Give kind of work d	ane 10b.	KIND OF BUSIN	ESS OR INDU	STRY 11. BIRTHPLA	ACE (State or	fareign country	)	- 1			COUNTRY?
		ewife		own hor	ne	Max	ryland	i		T	J.S.	•	
13. FAT	HER'S NAME			_		14. MOTHER'S							
		Thomas We	etze	1			E. Da	yhoff			*		
15. WA (Yes, no.	S DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURIT	Y NO. 17. II	NFORMANT			Addre	951			
	no			one	Mı	s. Els:	ie M.	Duval	1, s	ame			
18.		ATH Enter only one cou	rse per lic	ne far (a), (b), an	d (c)-]		/		, .			VAL BE	TWEEN DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ac	ule C	000	way.	Chr	unl	حبده		3	de	Lya.
	420.0	DUE TO	-	A		1 -1	/	1 -	-1"				
	anditions, if a		4	med me	200	Revoli	C /17	Lear	1 dies	Mar	<u>\$</u>	1	1 - 1
C	etse (a), stating						•						
	ing cause last.	) (c)									<del></del>		
CERTIFICATION 국일상		HER SIGNIFICANT CONT	OITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO	THE TERMINA	IL DISEASE COI	NDITION GIVE	EN IN PART	` '	PERFO YES	RMED?
	ACCIDENT WAS CONTRIBUTING EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DES	CRIBE HOW INJU	IRY OCCURRE	D. (Enter nature af	injury in Par	t I ar Port II af	item 18.)				
MEDICAL 200	Have a.m.	Y Month, Day, Yea 19	r 20d. II While at war	NJURY OCCURRE Nat while at wark	20e. PL	ACE OF INJURY ()- clary, street, affice	lome, farm, bldg., etc.)	20f. (City or to	ewn)	(C	aunty)		(State)
21	. I certify th	at Lattended the	deceas	ed from 9	18	1959	ta 9	19	10 5	Ithat I I	ast say	v the	deceased
	ive an 9	19	. 19.5	-0	that death	accurred at	7 251	M, fram the					
		7 /		51	a. ooa			DRESS (Street,			ic daic		JE SIGNED
SIC	TUAL SNATURE	lenry /		Char		M.D. 44	(	hur	-ch	54		7/1	159
147	AME (Type)	/enry	1	Ch	rse	Fr	ed	cric	1=	1	1		
ZZa. B. RE	MOVAL (Specify)	N, 226. DATE THEREO		27c. NAME OF		R CREMATORY	22	d LOCATION		_ **		(State	)
23 FI II	BURTAL MERAL DIRECTOR	9-12-1		Pine	Grove	8	04- 05510-0	Mt. A	1ry M		MATURE		
23. 131	C. M.	Waltz,	Wir	ıfiëld,	Md.			ED 1 4 150	1	7 11 -			



# FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the cost, writing the ward "pending" in pendi in item, 18. Give Pages 1, 2, and 3 to the function of the cost of Examiner's Office along with form PMS. Page 5 may be retained your files.

It may be refaced to the Chief Examiner's Office along with form PMS. Page 5 may be retained your files.

The median median may be as a buriel-traiting ermit. File pages, and 2 with the State Board of Health, and its messagness may be retained.

5M 2/57

VS A15ME

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10220

											Keg. I	HEE. INC		
	PLACE OF DEATH	10242				2. USUAL RESI	DENCE (V	Yhere deced	ned live	I If Instit	ution Resid	lence be	fore adm	ission)
	o. COUNTY	rederick		MAR	rland.	o STATE	Mar	vland		P CON	TY F	rede	erick	2
1	CITY OR TOWN (	l auts de corporate limits, write	RURAL	c LENGTH OF STAY	IN 1b	c CITY OR T			гротоle I	mils, write			ad-the r r	
	Buckeysto			Years		7	Buel	keyst	own					
	NAME OF HOSPIT	AL OR INSTITUTION (I	f not in hosp	pital, give street addre	11)	d STREET AL							ON	A FARM?
	NAME OF DECEASED (Type or priot)	MERHL.	şi .	Middle T e		O HARA		4. DATE OF DEATH		Mon	ember	Doy		eor 9 59
5. :	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D     8.	DATE OF BIRTH		L	9 AGE	In years	IF UNDE		Land make	ER 24 HPS
	Male	White	WIDOWED		1	Februar			68	irthday) yrs	Months	Days	Hours	Min.
10c	, USUAL OCCUPATION of Working Property of Working Property of Working	ON (Give kind of work on the life, even if retired)	fone 10b K	IND OF BUSINESS OR	INDUSTI		ce (Stole aryla		country)		12 C11	USA	F WHAT	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S N								
		John O	Hara			M	ollie	e L	Bear					
	, no, as uninown)	ER IN U. S ARMED FO		SOCIAL SECURITY NO		FORMANT William	n H.	O'Har			buth rick,		et S ylan	
		TH [Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		or (o), (b), and (c). } CORONARY	CCLU	SION					_	ONZE	inut	EN CIR CIR CS
	Conditions, if a gove rise to imme (a), stating the couse last.	diale couse underlying DUE TO (c)												~ ~
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEAT	H_BUT N	OT RELATED TO T	HE TERMI	NAL DISEA:	SE CONE	it <b>io</b> n Gi	VEN IN PA		P. WAS / PERFO YES [	RMED?
	20g. EXTERNAL CAPRIMARY OF CO CAUSE OF DEATH.	USE WAS NTRIBUTING [] 20	b. DESCRIBE	HOW INJURY OCCU	RRED (Er	nter noture of inju	ry in Port	l or Port I	I of item	18 )				
MEDICAL	20c. TIME OF INJU Hour o.m. p. m.	RY Month, Doy, Yee	20d II While of wo			E OF INJURY (Herry, street, office t			y or low	n)	(Ce	ounty)		(Slote)
	1	hat I took charge resulted from: -t						y [], I Iomicide	-	ion 🔼 Undel	, Inqui ermined	ry 🔀 manne	-	d in my
	ACTUAL SIGNATURE	Billho	722	13		_M.ID.		AMINER					DATE S	IGNED
	EXAMINER'S B	. O. Thomas	,MD.					EXAMINER]				9	/5/1	.959
	BURIAL CREMATIC REMOVAL (Specify	Sept.7,19		22c. NAME OF CEMEN Bush Cree!					rovi		or county)	Mar	ylan	
23	FUNERAL DIRECTOR		To'	ADDRESS	-			D BY REGIS			STRAR'S SI	. 4 .		
	M. R. Etc	hison & Son	Fre	derick. Mai	rvla	nd	SE	FF 9'	59	C	sting &	Tural	out.	



HEALTH DEPT.

VS. ATSME BM 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10220			Reg. D	ist. Ne.			
PLACE OF DEATH		2 USUAL RESIDENCE (W	There deceased lived It institution: Reside	ence before odm ssion)			
· COUNTY Frederick	MARYLAND	o STATE Maryl	and b county Car	roll *			
b CITY OR TOWN (Il outside corporale limits, ser le IIURAL C LENGTH (	OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown)					
Frederick		93 West N	lain Street	127			
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stre	et address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?			
DOA Frederick Memorial Hospita		Westminis	ster	YES   NO 1			
3. NAME OF First A	Aiddle	lost	4 DATE Month	Doy Yeor			
(Type or print) ROBERT CH	URCH	PLUSH	OF September	r 21, 19 59			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED [] 8.	DATE OF BIRTH	Lond South day 1	TYEAR IF UNDER 24 HR			
Male White WIDOWED DI	ORCEDXIX	2 Dec 1882	76 yrs. Manths	Days Hours Min.			
100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSIN during most of working life, even if refired)	NESS OR INDUSTR	RY 11. BIRTHPLACE (Stote	or foreign country)   12 CITI	ZEN OF WHAT COUNTRY			
Retired Brakeman Railroad	1	Wisconsir	1 US	5A			
13. FATHER'S NAME **		14. MOTHER'S MAIDEN N	IAME				
William H. Plush		Mary Mier	re e				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  18 no. or withnown)  [ (If yes, give wor or delets of service)		IFORMANT	154.S. Gre	een St.			
No None	Mrs	s. Lewis M. H	Esworthy, Westminist	ter, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), on	d (c). ]			INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: Myocardia	1 Infarc	:t		12 Hours			
420.1 DUE TO							
Conditions, if any, which) (b) Hypertens	ion and	Arterioscler	osis	5 Years-Plu			
gave rise to immediate couse ( (e), stating the underlying DUE TO	THE RESERVE OF THE PARTY OF THE						
cause last. (c)							
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERMI	NALDISEASE CONDITION GIVEN IN PAR				
[8]				YES NO X			
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Y OCCURRED (En	nter noture of injury in Part	t I or Port II of item 18.)				
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCU White o. m. p. m. 19 of work ☐ of work ☐ of work	iile focto	E OF INJURY [Home, form try, street, affice bldg., etc.	(Cou	uniy) (Stote)			
21. I certify that I taok charge of the remains de	scribed abay	ve, held an Autops	Inspection XI. Inquir	y X. and in my			
opinion death resulted from: Natural causes X,	Accident [	], Suicide [], I	lamicide . Undetermined r	manner 🗌			
SIGNATURE Bohama	a_	_M.D. CHIEF MEDICAL EX		DATE SIGNED			
examiner's B. O. Thomas, M. D.		ASSISTANT MEDICAL E		Sept 1959			
REMOVAL (Specify)	r CEMETERY OR Come		22d LOCATION (City, town, or county) Middletown, Maryla	(Stote)			
23. FUNERAL DIRECTOR'S SIGNATURE Son, Frederick,	Marylar	1G.	D BY REGISTRAR 24b. REGISTRAR'S SIC	GNATURE			
		100,202	P 2 4 59   Criting 9	Though -			



ADDRESS

Thurmont. Md.

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

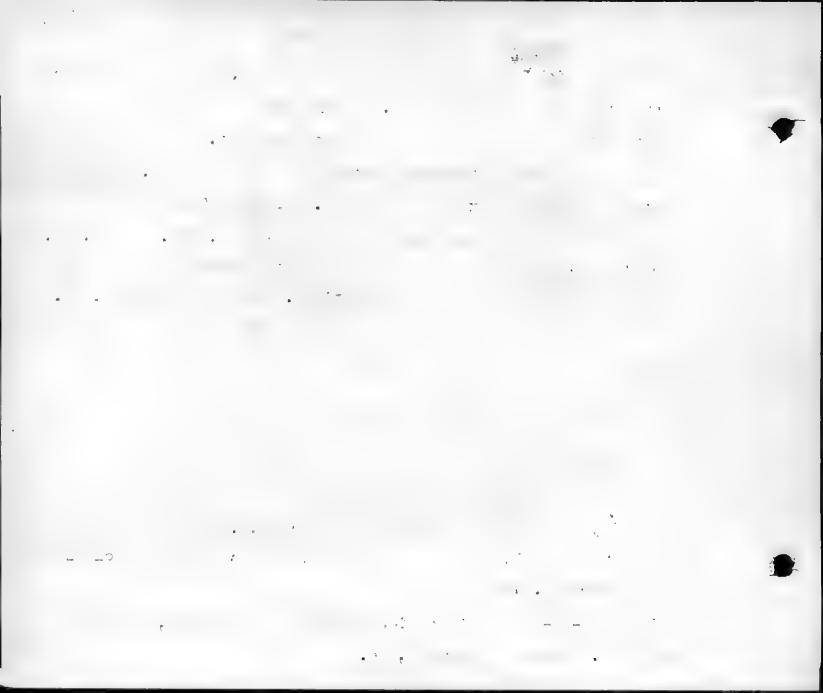
Circling & Thomas

23. FUNERAL DIRECTOR'S SIGNATURE

Raymond E. Creager

VS A1S (4)

1SM 9/S8



15 Sept 1959

(State)

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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TOR: After this certificate has been signed by the page 3 shauld be detached far use as the burial-transit the registrar priar to burial, may be retain

ACTUAL SIGNATURE

		1024	,	CERTIFIC	A	E OF DEATH	1		Reg. D	ist. No	LU4	Ç (4) (
1	PLACE OF DEATH		4	MARYLAND		usual residence (who state Marylar		l lived. If institution b. COUNTY				ian)
	RURAL and give no	F autside carporate limit earest tawn) Market	s, write	LENGTH OF STAY IN 16		c CITY OR TOWN (IF or		rate limits, write R	URAL and	give ne	arest lawr	1)
	d. NAME OF HOSPIT OR INSTITUTION	FAL (If nat in hospital, g	ve street	address)		d. STREET ADDRESS					e. IS RES ON A YES [	FARM
3	NAME OF DECEASED (Type or print)	Firs LOT		Middle ELEANOR		Lost REMSBURG	4. DATE OF DEATH	Man Se:	m ptemb	er :	-,	Year 1959
5.	Female	6. COLOR OR RACE White	7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8	DATE OF BIRTH 17 Dec 1909		9 AGE (In years last birthday) 49 yrs.	IF UNDE Manths		Haurs Haurs	R 24 F
10	a. USUAL OCCUPATION  during mast af warl  HOUSE—WO	king life, even if retired)	lane 10b.	. KIND OF BUSINESS OR IND At Home	USTR	Y 11. BIRTHPLACE (Stole of Maryland		auntry)	12. CI	USA	F WHAT C	.OUNT
13.	Wesley St	море				14. MOTHER'S MAIDEN N Unknown	AME					
15 (Y		R IN U. S. ARMED FORG (If yes, give war or dates of se		None I		ormant .vin R. Smith	ı, Gai	thersbur		l.		
		TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  ny, which (b) mmediate	M	ine for (a), (b), and (c).] elecatatic Co	Le el	woma of sect bree	lea1	and le	myc		SET AND	
CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING []		CONTRIBUTING TO DEATH B					EN IN PA	RT 1(a)	19. WAS PERFO YES	DRMED
MEDICAL CE	20c. TIME OF INJUR Haur a. m. p. m.	MEDICAL EXAMINER)	While			E OF INJURY (Hame, farm y, street, affice bldg., elc.		or town)		(Caunty)		(St
	21. I certify the	at Lattended the	decea	sed from Aug	12	., 19.57, to 5	ept.	15 , 1959	that I I			

PHYSICIAN'S NAME (Type) 220. SURIAL CREMATION, BULLIAL (Specify) 22d. LOCATION (City, tawn, or county) 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 9-16-59 Mount Olivet Cemetery Frederick, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
M. R. Etchison & Son, Frederick, Maryland

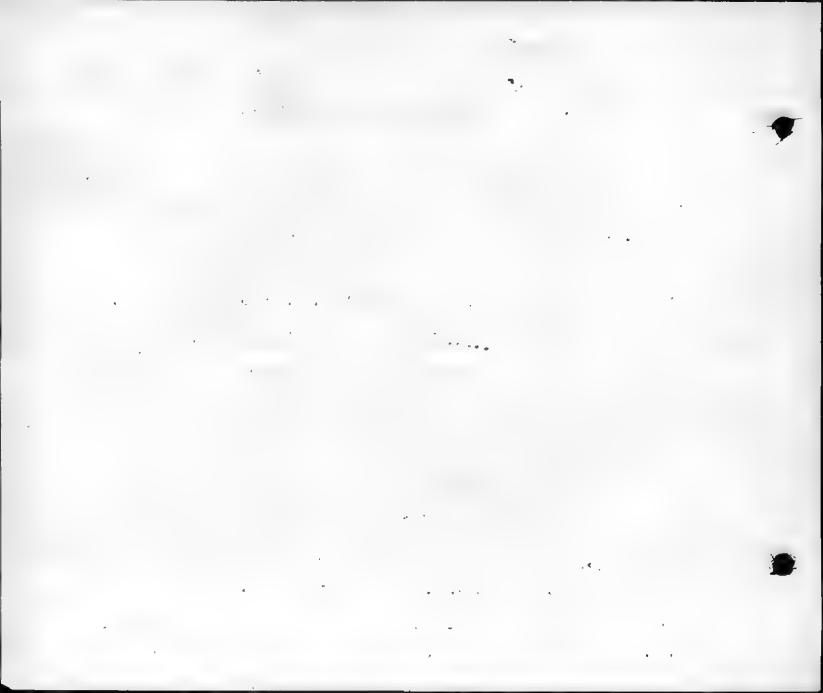
Ralph L. Michels, M. D.

24a. REC'D BY REGISTRAR DATE SEP 1 6 '59 24b. REGISTRAR'S SIGNATURE

Frederick Shopping Center

Frederick, Md.

VS A15 (4)



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TO HOSPITAL CANTITENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs part. Page 4	may be retain by the haspitol or attending physicion.  CO FUNERAL Disc. COR. After the certificate has been stoned by the ottending physician and completely filled in by the funeral director.	page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with	he registrar prior to burial, crematian, or remaval, and in any event within 72 parts after death.
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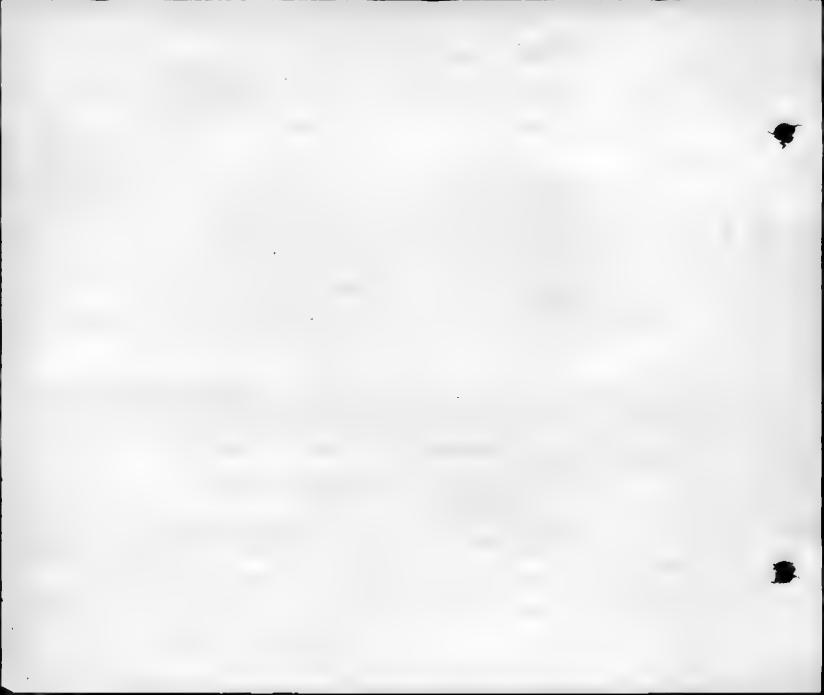
death. Page 4

		1024	5	CERTIFIC	ATE OF DEATH	1		Reg. D	ist. No	).	
)	1. PLACE OF DEATH	derick		MARYLAND	2 USUAL RESIDENCE (WHO a. STATE Maryl:		hved. If institution b COUNTY	n Reside	nce befo	are odmi: ck	ssion)
	b. CITY OR TOWN (	f autside corporate limits earest tawn) III	, gyrite	c LENGTH OF STAY IN 15	c. CITY OR TOWN (If o		ate limits, write RC	JRAL and	give ne	arest lav	vn)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, giv	re street a	ddress)	d. STREET ADDRESS					ON.	SIDENC A FARM
	3 NAME OF DECEASED (Type or print)	First WILBU		Middle HOMER	RENN Last	4. DATE OF DEATH	Man Sej	otemb	er :		Year 19 5
	s. sex Male	2577 . 3 .4	7 MARRII WIDOWEI	EDIO NEVER MARRIED	B. DATE OF BIRTH  1 Jan 1894		AGE (In years lost birthday) 5 yrs.	Manths Manths	Days	Hours	
	10a USJAL OCCUPATION during most of war Farmer	ON (Give kind of work do king life, even if retired)	1 _	ind of Business or Indi	JSTRY 11 BIRTHPLACE (Stole Adamstown	_			iizen o ISA	F WHAT	COUNT
)	13. FATHER'S NAME William	H. Renn			14. MOTHER'S MAIDEN N Edith G. S						
		R IN U. S. ARMED FORC (If yes, give wor or dates of ser			rs. Beatrice	S. Renr	a (Same a		em /	# <b>1</b> )	
	Canditions, if a gave rise to i cause (a), stating lying cause last.	mmediate but TO (c).	Hy	with of	rome of s	T. K.	taste	1 ees	ON	Z Y	D DEATH
	200 ACC DENT W.				IT NOT RELATED TO THE TERM			EN IN FAI	K1 ((0)	PERF YES [	ORMED?
	YOO. TIME OF INJUR Haur a. m p. m.		20d. IN While at work	Nat while f	LACE OF INJURY (Hame, formactary, street, affice bldg., etc.		or tawn)	(	(Caunty)	)	(Sto
	ACTUAL SIGNATURE	Sept Males 74 harles H. Co	12.5	9, and that deat		M, from t ADDRESS (SIF rket St	he causes an eet, city ar tawn,	d on th	ne dot	e stote	d abo
	BUR AL, CREMATIC BULL (Specify)	9-16-59	F	22c NAME OF CEMETERY Mount Olivet			on (City, town, cerick, Ma			(Sto	ate)
	23 FUNERAL DIRECTOR M. R. Etch		Fred	erick, Maryla	3	D BY REGISTR		STRAR'S SI Intlug			



` ' _	Reg. Dist.	No.
	PLACE OF DEATH     COUNTY     STATE     STATE	before admission)
, >	FIREDERICK MARYLAND DUNIYEDE	RICK
M )	b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give	e nearest lown)
751	INTON BRIDGE 2YEARS NIVIAN BRIDGE	
	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR HISSITUTION  (d. STREET ADDRESS)	e IS RESIDENCE
X	RURAL	YES 12 NO
	3 NAME OF DECEASED AND AND MIDDLE MONTH	Day Year
L	(Type or print) ANNIE E SIX OF DEATH SEPT	18-1859
1	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9 AGE (In years If UNDER TY	
	F-C1/ AUG WHITE WIDOWED DIVORCED 1/1/64 31-1866 93 yrs.	zys Hours Min
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZE during most of working life, even if retired)	N OF WHAT COUNTRY?
< <b>-</b>	HOUSEKEEPER ATHOME MARYLAND	, J
	13 FATHER'S NAME	
	WILLIAM H BAIZEARD SUSAN (UNKNO	(WN)
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT  [You no [Pr uplnown] 1 [If yes, grup ways or defeat of sorvice]	11.1
	110 1 NO 1 NONE KINBAKER UNION BRID	GE MI
		INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	OTTO DEATH
	, L/X DUE TO	
	Conditions, if any, which ) [b]	
	gove rise to immediate course (a), stating the under-	
	lying couse lost, (c)	
I	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10	[a] 19, WAS AUTOPSY PERFORMED?
(1	3	YES NO
	290. ACCIDENT WAS UNDERLYING [   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18 ) OR CONTRIBUTING [ CAUSE OF DEATH U[ [ FEITHER. NOTIFY MEDICAL EXAMINER] ]	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19 White Not white of work of work of work	nty) (State)
	p. m. 19 of work of work	
	21. I certify that I attended the deceased from 14 K 1958, to K 14 18, 1954, that I las	I saw the deceased
	alive an, and that death accurred at / AM, from the causes and an the	date stated above
	ADDRESS (Street, city) or town, state)	DATE SIGNED
- /	SIGNATURE M.D. ALSLAGE IF UZY	11 9-18-3
/	PHYSICIAN'S	13.4.3
L	NAME (Type) / / / LIE (7) (7) / LIE (7) (7)	9/1 /1H
2	220 BURIAL, CREMATION, 226 DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or country)	(Stote)
_	BURIAM 9/21/39 PIPECREEK (EM (ARROLL CO	UNTYA
Ĉ	27 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1240 REGISTRAR'S SIGNA	ATURE
	D. A. Harble Hons (MICH ) Miller Millian SEP 2 2 '59	de .

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs pitzer death. Page 4



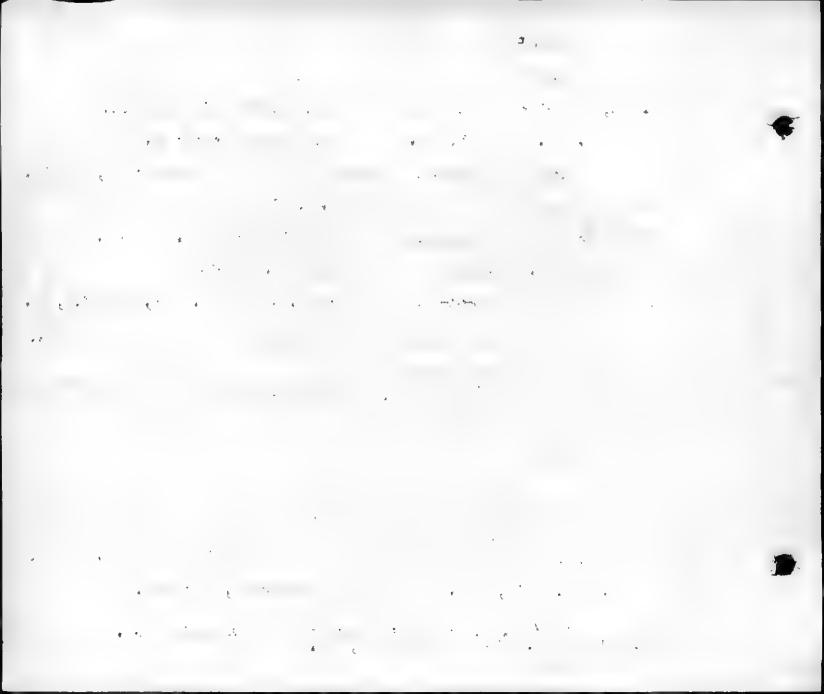
1	10641			Keg. Dist. No.
PLACE OF DEATH	FREDERICK	MARYLAND	2. USUAL RESIDENCE (Where deceased lived If instinct STATE WARY LAND b COUNTY)	
RURAL and give nee	outside corporate limits, variest town! Frederick	rile c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write) Rural ( Braddock Heights	
OR INSTITUTION	Rt. # 5. Fre	· · · · · · · · · · · · · · · · · · ·	Near Braddock Heights	e is residence on a farm? YES NO.
3 NAME OF DECEASED (Type or print)	MARKY First	Middle RUBECCA.	SMITH 4. DATE OF DEATH SOPTE	Month Day Year
5. SEX Female	100 4 t	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH Sept. 2, 1891. 9. AGE (in yeight birthdo	ors IF UNDER 1 YEAR IF UNDER 24 HRS (Y) Months Days Hours Min.
100. USUAL OCCUPATIO during most of work HOUSEN	N (Give kind of work done no life, even if retired)	106 KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole or foreign country)  Frederick County Mile	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	nville C. Zi	morman	14. MOTHER'S MAIDEN NAME EDRAGE V. Harria	
	IN U. S. ARMED FORCES		Wilbert L. Smith, Rt. #	Address 5, Frederick, Mi-
PART I. DEAT  26 DX  Conditions, if on gove rise to im couse (a), stoling il (ying couse lost.	TH WAS CAUSED BY.    MMEDIATE CAUSE (o)   DUE TO     DUE TO     DUE TO     DUE TO     DUE TO     Column		Orteric Sclerum	ONSET AND DEATH
OF ACCIDENT WAS		1	D. (Enter noture of injury in Port 1 or Port 11 of item 18	PERFORMED?
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)  Month, Doy, Year	20d. INJURY OCCURRED 20d. PL	ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (State)
21. I certify the ulive an Sactual SIGNATURE  PHYSICIAN'S NAME (Type)	at I attended the de	ceased from Ciug 5	accurred atM, from the causes  ADDRESS (Street, city or to   and an the date stated above wn, stole)  DATE SIGNED  One 9-3-19	
220. BURIAL, CREMATION REMOVAL (Specify)	A, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		
	BALTICY			EGISTRAR'S SIGNATURE CILLING & KINNA

may be retain. If the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbo pages. Rages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

death Page 4

TO HOSPITAL OF VS A1S (4) 1SM 9/SB



10227

10221 Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived if institution: Residence before admission) . COUNTY Frederick o. STATE Maryland b COUNTY Frederick MARYEAND c LENGTH OF STAY IN 16 b. CITY OR TOWN (If gutside carporate limits, write c CITY OR TOWN (If outside carporate limits, write RURAL and give negres) town) RURAL and give negrest lawn) Since-1924 Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 305 Rockwell Terrace ON A FARM? 305 Rockwell Terrace YES TO NO DO NAME OF Middle 4. DATE Month Year DECEASED RUTHERFORD DEAN STICKELL September 19. (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last\_birthday) Months Haurs Male White 1 Jan 1898 WIDOWED [ DIVORCED | To USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Chiropractor Pennsylvania IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John H. Stickell Anna Hartman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 220-26-5169 Mrs. Helen M. Stickell (Same as item #1) No 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Of Centerroschiste heart drainse 10 with acute unsocardial injuration Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 CATION PERFORMED? YES TO NO TA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month, 20e PLACE OF INJURY (Hame, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) While Not while at work at work 21. I certify that I attended the deceased fram 5-10-ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 19 Sept 1959 220 N. Market St. PHYSICIAN'S NAME (Type) Rex R. Martin, M. D. Frederick. Md. 220 BURIAL CREMATION, 226. DATE THEREOF 22d LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY (State) Mount Olivet Cemetery Frederick, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland DATE SEP 2 1 '59 arthur & Thousa

C papers. сотр deoth puo carbon after томе gned C D В FUNERAL 0 VS A1S (4)

1SM 9/SB



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24 hours	led in by .	1 and 2 sho		2
uted within	ampletely fil	apers. Poge	42	
cate be exec	ician and co	e carboa po	2000	1
death certific	tending phys	please remay	the registrar priar to burial, cremation, or remaval, and in any event within 72 haurs filter about	
es that the	ed by the at	rmit. Then	ony event w	
e law requir	ohysician. as been sign	al-transit pe	avol, and in	
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HING PH	te haspital a	sched for use	ourial, crema	
AL COMMUTE	tain the	avid be dete	ar priar to b	
TO HOSPITAL AT ITEMBING PHYBICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4	may be retain the haspital ar attending physician.	page 3 shaufd be detached for use as the burial-transit permit. Then please remave carboa, papers. Pages 1 and 2 shauld be filed with	the registry	
VII 15/	A15 (	4}		

		1024	Q	CERTIF	ICAII	E OF D	EAIF	1		Reg. D	ist. No.		
1. PLACE o COU	of DEATH NTY Fred	erick		MARYLA	11	- CTATE	aryla		l lived. If instituti b. COUNTY	me .	nce before		sian)
RURA	OR TOWN (If L and give ne fferson		ts, write	c. LENGTH OF STAY IN	116     ×		own (If o		ote limits, write R	URAL and	give near	rest tow	n)
d. NAN OR I	NE OF HOSPITA	AL (If not in hospital, g	ive street	address)	/	d. STREET A	DDRESS				6		SIDENCE A FARM? NO [
3. NAME	OF	Fir	şl la	Middle		Lost		4. DATE	Mar	ıth	Day		Year
DECEA:		CLA	RA	BELLE	STOC	KMAN		OF DEATH	Sept	tembe	r 16	3	19 59
5. SEX		6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8 D	ATE OF BIRTH	I		9. AGE (In years		R F YEAR	IF UNDI	ER 24 HR
Fema.	Le	White	WIDOW	ED DIVORCED		Feb 1	.871		lest-birthday) yrs.	Months	Days	Haurs	Min
during	L OCCUPATIO most of work	ing life, even if retired	done 10b.	At Home	INDUSTRY		ACE (Stote or	_	ountry)		USA	WHAT	COUNTR
13. FATHER	S'S NAME				14	. MOTHER'S	MAIDEN N	IAME					
J	seph E	. Zimmerma	n			Mah	ala C	atheri	ine Stine	9			
15. WAS D	ECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFOI	RMANT			Add	ress			
NO NO	mknown) [i	f yes, give war or dates of s	Prince]	None	Mrs.	Ruth	S. In	gram	(Same a	s ite	m #1	)	
Congove couse lying NOIL 200. A CO	PART I. DEAT  ditions, if one or rise to ine to (a), storing to couse last.  PART II. OTH	H WAS CAUSED BY IMMEDIATE CAUSE (a  DUE TO  y, which a mediate the under- (c)	DITIONS	CRIBE HOW INJURY OCC					CONDITION GIV	YEN IN PA	20 5	da da ~g-	U AUTOPS
₹ 20c. Ti	ME OF INJURY Hour a m p. m			NJURY OCCURRED 20 rk at work		OF INJURY (), street, office			ar tawn)		(County)		(Stat
ACTU/ SIGNA PHYSI NAME	AL ATURE CIAN'S A	T. Brice	19 No.	D.	M D.	Jeff		ADDRESS (Str	the causes ar	od an th	.8 Se	stated DAI pt I	d abov TE SIGNE L959
Buller	AL, CREMATION	9-19-59		St. Luke's	Ceme	etery		Feag	aville,	Maryl	and	(Stai	te)
23. FUNER	AL DIRECTOR'S	isignature	Fr	ederick, Mar	vland	1	24a, REC'I	D BY REGIST	RAR 24b, REGI	STRAR'S S	IGNATUR	E	
VAT de 1			3	July mar.	A	_	DATE CI	FP 2 1 19	59 0	79	ar		



1	0	2	2	9

CERTIFICATE OF DEATH 10226 Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. STATE Mary 1 and b COUNTY Frederick PLACE OF DEATH o. STATE Maryland o. COUNTY Rederick MARYLAND b CITY OR TOWN (If gutside carporole limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Brunswick Vrs. Brunswick d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION Potomac Street YES NO 332 West West Potomac Street Yeor 4. DATE OF DEATH NAME OF Middle 9 Streight **Elvin** (Type or print) Clarence 6 COLOR OR RACE 7. MARRIED A NEVER MARRIED 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH (lost birthdoy) Months Dovs 5-16-1896 DIVORCED [7] WIDOWED | yrs. White Male 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. B.&.O.R.R.Co. Penn. Blacksmith Helper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rosie Bussard John Streight 15, WAS DECEASED EVER IN U. 5 ARMED FORCES? 16, SOCIAL SECURITY NO INFORMANI Address (If yes, give wor or dates of service) Mrs. Willma Streight. Brunswick, Md. World War INTERVAL BETWEEN 1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE to Acute Myocardial infarction min. 1120.1 DUF TO congestive heart failure Conditions, if any, which gove rise to immediate DUE TO couse (a), stoling the underpulnonary emphysema lying couse ost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18) 20a ACCIDENT WAS UNDERLYING I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour o.m. While Not while at work of work ta Sept. 16 19 59 hat I last saw the deceased 21. I certify that I attended the deceased from May and that death accurred a 7:30 pm, from the causes and an the date stated above. alive an ACTUAL SIGNATURE So. Maryland Ave.

TO FUNERAL DIRECTOR: page 3 should be detacl VS A15 (4)

should

page the re

funeral director, ald be filed with

filled

camplet

guq

6

physicic

attending

gned

remave

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death certificate

carban pap

Burial 23. FUNERAL DIRECTOR'S SIGNATURE

PHYSICIAN'S NAME (Type)

22g BURIA, CREMATION

REMOYAL (Specify)

Brunswick. Maryland

22c. NAME OF CEMETERY OR CREMATORY

Park Heights

C.T. Byron Kao, M.D.

22b. DATE THEREOF

9-19-59

24g, REC'D BY REGISTRAR SEP 2 2 '59

Brunswick, Maryland

22d LOCATION (C ty, lawn, or county)

Brunswick, Maryland

24h. REGISTRAR'S SIGNATURE Cirilar & Travel

(Stote)

F. F. F. to

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10000

10230 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

	PLACE OF DEATH  a. COUNTY	~0000					Where deceased lived. It is		ce before admission)
/L	1	rederic	k	MARY	LAND	a STATE Mary	land b. co	UNIT	
	b. CITY OR TOWN III of the control o	oulside corporale limits, w	rile RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	f outside corporate limits, s	RURAL ond	give nearest town)
	d. NAME OF HOSPITA	L OR INSTITUTION	(If not in hos	pital, give street addres	1)	d. STREET ADDRESS			e. IS RESIDENCE
	Frederi	ick Memo				1637 W.	North Ave	6	YES NO
	NAME OF DECEASED (Type or print)	Lice	lias	Middle	The	) loss	DATE OF DEATH Sept.	Nonth 2 }	Doy Year 
5.	SEX	6. COLOR OR RACI	E 7. MARRIE	D NEVER MARRIED	8.1	DATE OF BIRTH	9. AGE (in yet lest birthday)		
	F	C	MIDOWE	DIVORCED	0 9	127/23	423	Months D	ays Hours Min.
100	during most of working		done 10b. K	IND OF BUSINESS OR	INDUSTR	Maryla Maryla	ar foreign country 3 €		EN OF WHAT COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	,	
	Lloyd	Thomas				Dorothes	Bogle		
15	WAS DECEASED EVE	R IN U. S. ARMED F	ORCES? 16.	SOCIAL SECURITY NO.	17, IN			iress	-
(Ye	s. no, or unknown)	(If yes, give war er dates	af service)		Fre	ederick Th	omas 35LA	Suter /	ve. 28
	IB. CAUSE OF DEAT	M. [Fater aniv one co	une per line i	he to) the and te)	1				INTERVAL BETWEEN
	PART I. DEATH	H WAS CAUSED BY		Crushed C	heat	t.	~		I i/2 hrs
	,	IMMEDIATE CAUSE (	· -	or abirea o	1100	,			T T/C HIB
	Conditions, if an	DUE TO							
	gove rise to immedi	igte couse	p)						
	(o), stating the uncause lost.								
z			NDITIONS CO	INTRIBUTING TO DEATH	1 RUT NO	Y PELATED TO THE TERM	VINAL DISEASE CONDITION	CIVEN IN PART	1/-1/10 MAS AUTORSY
CERTIFICATION	7000 11. 9000		101110110	THE THE PERSON NAMED IN COLUMN		THE TENNE	MERCENGE CONTINUE	OTTERVISION	PERFORMED?
5	20- EXTERNAL CALL	SE WAS	206 DESCOIRS	HOW INDEX OCCUP	0ED /E-1	land and the first of the first	rt 1 or Port II of item 18.)		YES NO K
ERT	PRIMARY IZE or CON CAUSE OF DEATH.	TRIBUTING 🗆				Route 40			
	20c. TIME OF INJUR	Y Month, Day, Y							
MEDICAL	Hour a. XXX	1 1	<ul> <li>While</li> </ul>	Not while 🔾	foctor	OF INJURY (Home, forry, street, office bldg., sto	:.)	(Coun	mu.
*	9. m.	9/24/5	نبتلنا كالما	rk at work		oute 40	Nr.Frede		
		_				e, held an Autaps	The second of th	📆, Inquiry	🔀, and find that
	death resulted	fram: Natura	causes	], Accident [자,	\$vici	de 🔲, Hamicide	e 🔲, Undetermine	d cause .	
	ACTUAL /	D 200							DATE SIGNED
	SIGNATURE	20000	me	هـــ		M.D. CHIEF MEDICAL E	XAMINER		DATE STORES
	EXAMINER'S					ASSISTANT MEDIC	AL EXAMINER	-+ ambar	24,1959
	NAME (Type)	B.O.T	nomas	M.D.		DEPUTY MEDICAL	EXAMINER A Se	br∈mner	24,1000
220	BURIAL, CREMATION REMOVAL (Specify)	4, 22b. DATE THERE	OF	22c. NAME OF CEMETE	RY OR C	REMATORY	22d. LOCATION (City, to	wn, or county)	(Stote)
	Burial	9-30-	59	Mt. Aubu	rn (	em	Baltimore	l	ld.
23.	FUNERAL DIRECTOR'S	SIGNATURE	,	ADDRESS	Date	240. REC		EGISTRAR'S SIGN	NATURE
1/1	White a wow	y the Itz	carelle	578 W.	D1C	idle St	SFP 2 8 '59	Catha &	*
7	7			1.					

VS. A15ME(5) 5M 9/55



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10249EDICAL EXAMINER'S CERTIFICATE OF DEATH

burial, crematian,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is the cute the certile, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direfarwarded the 2 Chief Medical Examinan's Office along with farm PM3. Page 5 may be retained far your files.

TO IUNERAL DIRECTOR: Page 3 should lie used as a burial-transit permit. File pages 1 and 2 with the registrar priar an or remayal.

VS. A15ME(5)

5M 9/55

10231 Reg. Dist. No.

		PLACE OF DEATH	3			l l	SIDENCE (Who				nce before o	dmission)
		Frederi	CK	MAR	YLAND	O. SIAIE	Maryla	and	b. COUNT			¥
	E	3. CITY OR TOWN (If outside corporate and give nearest lown)		c. LENGTH OF STAY	IN 16	c. CITY OF	TOWN (If ou	tside corporal	e limits, write	RURAL and	give neores	t town}
		Near Frideric	k Route	40		Baltin	more				, ,	•
	0	NAME OF HOSPITAL OR INSTITU	JTION (If not in hos	pital, give street oddre	188)	d. STREET	ADDRESS					S RESIDENCE
X						I63	7 Nort	th Ave	nue			NO E
	3.	NAME OF DECEASED	First	Middle		Los	1 4.	DATE	Month		Doy	Year
		(Type or print)	illian	Ernest	ine	Tillm	an	DEATH S	eptem	ber 2	24	1959
	5 5	EX 6. COLOR O	R RACE 7. MARRIE	D NEVER MARRIE	D 🔲 8.	DATE OF BIRTI	4	9. A	GE (in years	IF UNDER 1		NDER 24 HRS
		F C	WIDOWED		_	Sept.5			38 yrs.	Months E	Days Hou	ms Min.
	100	. USUAL OCCUPATION (Give kind furjing most of working life, even if	of work done 105. K	IND OF BUSINESS OR	INDUST	RY IT. BIRTHPL	ACE (State or	foreign countr	γ)	12. CITIZ	EN OF WH	AT COUNTRY
	٥	Bee Trees In	remedj			Mar	yland				U.S.A	
	13.	FATHER'S NAME					MAIDEN NA	ME				
		Will Doug	las			LO	1.000	_ >	an	7 152	1	
	15.	WAS DECEASED EVER IN U. S. AR	MED FORCES? 16.	SOCIAL SECURITY NO	. 17. JN	FORMANT	~~~		Address			
	1140	720	or dates al service)	4-50-582	7 Li	Illian	Daymo	on 722	hor	t Mai	ln St	
		18. CAUSE OF DEATH [Enter only	one cause per line	for (o), (b), and (c).]			Tall	per 7,	Flor	ida	INTERVAL &	TWEEN
		PART I. DEATH WAS CAUSI IMMEDIATE C.	ED BY: CI	cushed ch	est						0.1361 2011	PERIN
		*	DUE TO LE	ceration	Ri	ght Lu	ng				Mir	utes
1		Conditions, if any, which)	(b)				-					
		gove rise to immediate cause ( (a), stating the underlying	DUE TO								1	
		couse last.	(c)								J	
	No.	PART II, OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING TO DEAT	TH BUT N	OT RELATED TO	THE TERMINA	L DISEASE CO	NDITION GIV	EN IN PART	1(o) 19 W	AS AUTOPSY
, 1	CATION										YES [	RFORMED?
	Mu	20g. EXTERNAL CAUSE WAS		HOW INJURY OCCU								
	CFRI	PRIMARY DE OF CONTRIBUTING CAUSE OF DEATH.	' Hea	id on col	lisi	on Ro	ute 40	) 3 mi	les W	est o	of Fr	ederi
	CAL			NJURY OCCURRED	20e. PLAC	E OF INJURY	Home, form,	20f. (City or to	own)	(Covi	nty)	(Stale)
	<b>₩</b>	Her 0.3 9/2	4/1959 While	rk at work	Ro	ite 40	Didd'' eic')	West	of Fr	ederi	ck	l'd.
		21. I certify that I took	harge of the r	emains describe	d abov	re, held an	Autopsy	, Inspe	ction 不了.	Inquir	/ PE), or	d find the
		death resulted from: No	atural causes	, Accident 🗵	, Suic	ide 🗍, H	lomicide [	7. Undel	ermined c	''		
			A /3									
j		ACTUAL SIGNATURE	12h		<u> </u>	CHIEF A	AEDICAL EXAM	AINER 🔲			DA	TE SIGNED
							NT MEDICAL	EXAMINER 📋				
,		EXAMENTS B. O	.Thomas.	M.D.		DEPUTY	MEDICAL EXA	MINER []	Sept.	.25,I	959	
	220	SURIAL CREMATION, 226, DATE		22c. NAME OF CEME	TERY OR	CREMATORY	27	d. LOCATION	(City, town, o	er county)	(:	State)
		Removat (Specify) Removal	t 26.59	Memoria	1 P	a.rk		Tampe	er. F7	orida	9.	
	23.	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			240. REC'D B	Y REGISTRAR		TRAR'S SIG		
	Æ	Arlington 5. F	hillips	1808 N.	Mo	nroe S	DATE SE	P 2 9 '59	0	lethur 1	Hinsid	



arwarded in

VS. A15ME(S)

SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10232

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

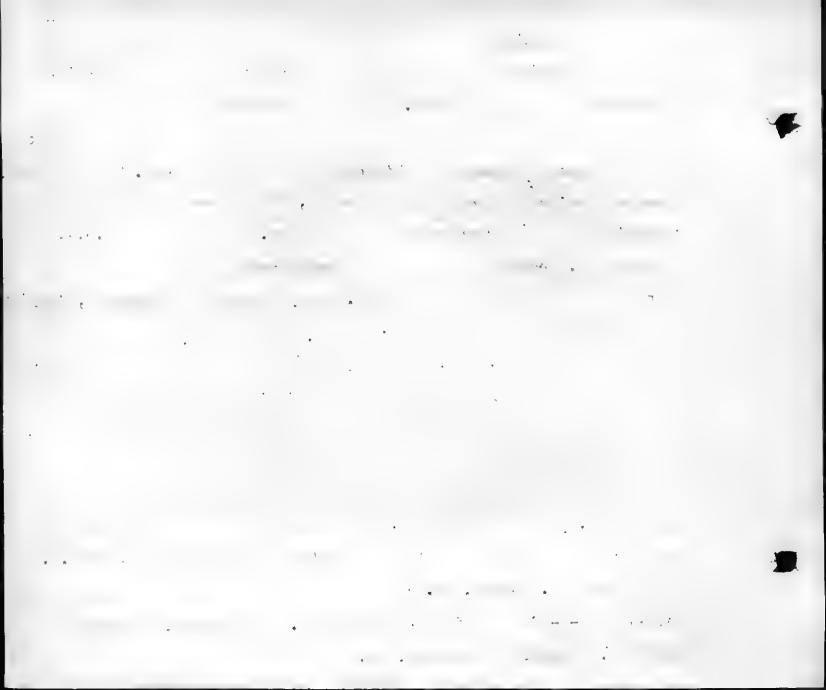
1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY Washington Frederick Marvland MARYLAND b. CITY OR TOWN (If outside corporate limits, write BURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If cutside corporate limits, write RURAL and give negrest town) Route 40 Hagerstown d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita), give street address) e. IS RESIDENCE ON A FARM? 316 N. YES NO 1 Tödust 4. DATE NAME OF Middle Day Year DECEASED Franklin Trenerv DEATH September 24 (Type or print) Richard 1959 9. AGE (In years 7- MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Male White April 26,1921 WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Hagerstown U.S.A. U. S. Gov. Md . Draftsman 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lessie Carrico Gibson S. Trenary 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Gertrude V. Trenary Hag. Md . 219-14-8053 Mrs. Yes INTERVAL BETWEEN CINSET AND DEATH 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Crushed Chest Minutes IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which ] gave rise la immediale couse DUE TO (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? NO M 200. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Head on collision Route 40.3 miles W.Frederick 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) Not while work foctory, street, office bldg., etc.) 159 Route Nr.Frederick Frederick al work of work 21. I certify that I took charge of the remains described above, held an Autapsy \_\_\_\_, Inspection \_\_\_\_, Inquiry \_\_\_, and find that death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER 9/25/59 EXAMINER'S B.O. Thomas, M.D. DEPUTY MEDICAL EXAMINER 173 NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Rest Haven Cemeterv Burial Hagerstown 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Md DATESEP 2 8 '59 Scott F. Minnich Son Hagerstown



CERTIFICATE OF DEATH

	11/231		112 01 22711		Reg. Dist.	No.
1. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	2 USUAL RESIDENCE (W g. STATE Mar)		MINTY -	before admission) derick
b. CITY OR TOWN (If RURAL and give ne	f autside carporate limits, write carest town)	6 yrs.		autside carporate limits, i	write RURAL and give	neorest town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Emma Es	ther Whit	Rere	4. DATE OF DEATH	Month Sept. 7	Doy Year 19 <b>5</b>
5. SEX <b>Female</b>	6. COLOR OR RACE 7 MAR WRITE WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In lott birth		EAR IF UNDER 24 HRS lys Hours Min.
10a. USUAL OCCUPATIO during most of wark HOUSEWII	ON (Give kind of work done 10b.	KIND OF BUSINESS OF INDU	STRY 11. BIRTHPLACE (Stote Penns			S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Charles	W. Recard		Sally I	Bare		
	If yes, give war or dates of service)		rs. Evelyn	Powell	Address Thurmo	nt, Mary
SAT.	the under DUE TO C			MINAL DISEASE CONDITION		8-9M07 8-9M07 0) 19. WAS AUTOPSY PERFORMED? YES NO [2]
(IF EITHER, NOTIFY	MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE				
S 20c. TIME OF INJURY Haur a.m. p. m.	Y Month, Day, Year 20d. I While at wa	Nat while fa	ACE OF INJURY (Hame, for clary, street, affice bldg., et		(Cavi	nty) (State:
ACTUAL SIGNATURE	arry H. Youn	59 , and that equal	n accorred at 9.000	M, fram the caus ADDRESS (Street, city as	es and an the d	saw the deceased ate stated above DATE SIGNER
220 BURIAL, CREMATION REMOVAL (Specify)	N, 225. DATE THEREOF	22c NAME OF CEMETERY C	hern Cen.	22d. LOCATION (City,		(Stole)
22 FUNERAL DIRECTOR	s stentinore Grean	ADDRESS			. REGISTRAR'S SIGNA	ATURE
Raymond E		Thurmont. M	d DATES	D 1 0 '59	Calling & K.	



## e funeral director TO HOSPITAL OF ITENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours may be retain by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fippage 3 should be detached for use as the burial-transit permit. Then please remove Catbon papers. Pages 1 and 2 should the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. I after death.

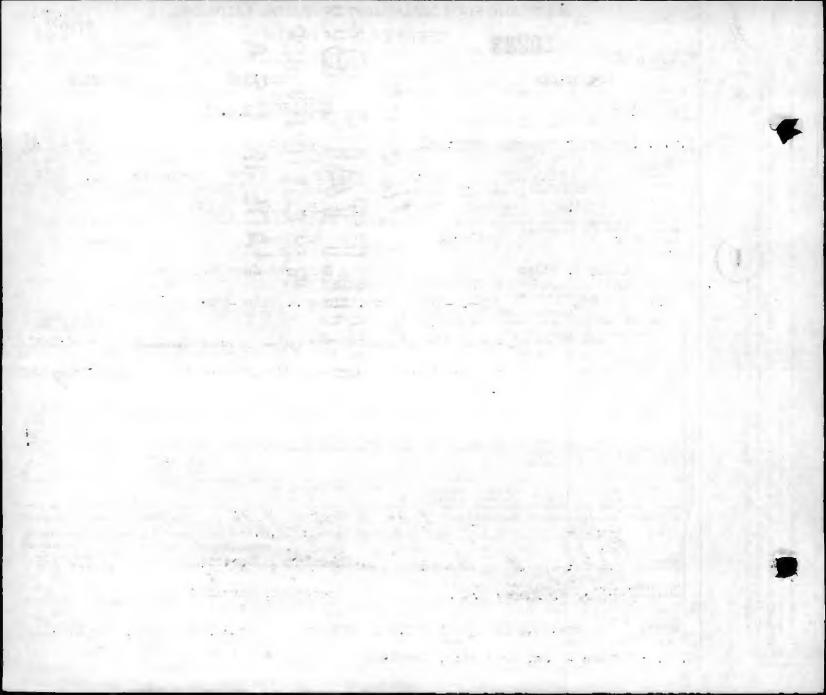
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 10234

	10:	223	CERTIFIC	CAT	E OF DEATH	Н		Reg. D	ist. No	TUZ	04
1. PLACE OF DEATH o. COUNTY	rederick	* * · * · ·	MARYLANG		USUAL RESIDENCE (WE o. STATE	here decease	b. COUNTY	_	eder		sion)
b. CITY OR TOWN [II RURAL and give ne Frederick	outside corporate lim arest town)	its, write	c. LENGTH OF STAY IN 18	6	C CITY OR TOWN WA	outside corpo	orate limits, write R				n)
d. NAME OF HOSPITA OR INSTITUTION D.O.A. Fred					d. street address Rosemont					ON	SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	WILLI	rat AM	Middle CLAUDE		WILES	4. DATE OF DEATH	Septer		26		Yeor 1959
s. sex Male	6. COLOR OR RACE	7. MARRI WIDOWE	D DIVORCED		oril 13, 189	94	9. AGE (In years last birthday) 65 yrs.	Months Months	R 1 YEAR Days	Hours	ER 24 HRS Min.
100. USUAL OCCUPATIO during most of work Engineer	N (Give kind of work ing life, even if retired	1)	kind of Business or in ilroad	DUSTRY	11. BIRTHPLACE (Stole Marylar		ountry)	12. CI	USA		COUNTRY
13. FATHER'S NAME W1111	am T. Wile	S		1	4. MOTHER'S MAIDEN I		Mullicar	n			
15. WAS DECEASED EVER	IN U. S. ARMED FO	service)	5-12-1724 1		Elsie E. V	Viles-	Same as	_	#2		
	TH WAS CAUSED BY: IMMEDIATE CAUSE (  DUE TO  Try, which )	0) Car	efor (a), (b), and (c). ]  where has the price of the pri	-	vercula	-des	nen	re		ERVAL BI	
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT COM	c)	ONTRIBUTING TO DEATH B					VEN IN PA	RT 1(0) 1	9. WAS PERFO YES	DRMED?
Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	ar 20d, IN While of work	_ Not while	PLACE	OF INJURY (Home, farm, street, office bldg., etc	n, 20f. (City	or town)		(County)		(State)
21. I certify the alive an 9	lenn	decease			. 1952, to coursed all: 30P.  Hast Churc	M,efram ADDRESS (S	the causes ar	nd an th		states	
PHYSICIAN'S NAME (Type) 1220. BURIAL, CREMATION		ase; l	2. NAME OF CEMETERY	OR CE	Frederick		yland	ar county		[Sto	tel
Burial (Specify)	Sept.30.		Rocky Spring		Cemetery	Fred	erick Con	inty,	Mar	ylan	•
23. FUNERAL DIRECTOR:		Fred	ADDRESS erick. Marvla	and		OCT 1	'59 24b. REGI	STRAR'S S			



10252 CERTIFICATE OF DEATH

Rea. Dist. No.

10235

1. PLACE OF DEATH					
o. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE Maryla		
B. CITY OR TOWN	(If outside corporate limits, write nearestatown)	50 yrs.	c. CITY OR TOWN (If outside	corporate limits, write R	
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospita), give stree	el oddress)	d. STREET ADDRESS  E. Main S	st.	e, IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Sarepta	Grimes Middle	Winger 4. D	ATE Mon Sept	
Female	Lifted the	RRIED NEVER MARRIED DIVORCED DIVORCED	Aug. 7. 1875	9. AGE (in years loss tribdoy) yrs.	Months Doys Hours Min.
during most of wo	ION (Give kind of work done 10) prking life, even if retired)	b. KIND OF BUSINESS OR INDE	USTRY 11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
	T. Grimes		Sarah E.		
5. WAS DECEASED EV Yes, no, or unknown) No	/ER IN U. S. ARMED FORCES? 1. (If yes, give wor or dates of service)		Warner T. Grin	Addr	urmont, Maryla
Conditions, if gove rise to couse (a), stating lying couse lost	g the under: DUE TO	S CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL D	isease condition giv	EN IN PART 1(0) 19. WAS AUTOPS
gove rise to couse (a), stating ying couse lost  PART II. O'  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	THER SIGNIFICANT CONDITIONS  VAS UNDERLYING  G CAUSE OF DEATH  CONDITIONS  20b. DE		IT NOT RELATED TO THE TERMINAL D		PERFORMED?
gove rise to couse (a), stating lying couse lost  PART II. O'  20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CONDITIONS  VAS UNDERLYING  G C SOLUTIONS  VAS UNDERLYING  G C AUSE OF DEATH Y MEDICAL EXAMINER  JRY Month, Doy, Year 20d. Whil	ESCRIBE HOW INJURY OCCURR  TWO INJURY OCCURRED 200. P		or Port II of item 18.)	PERFORMED? YES NO
gove rise to couse (a), stoting lying couse lost  PART II. O'  200. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF HOUT o. m. p. m.	THER SIGNIFICANT CONDITIONS  VAS UNDERLYING   20b. DI G   CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Day, Year 20d. Whit of w.	INJURY OCCURRED 20e. Port of work at a same and a same at a same a	ED. (Enter noture of injury in Port I of Injury in Port I of Injury (Home, farm, 20f octory, street, office bldg., etc.)	or Port II of item 18.)  (City or town)	(County) (State

TO HOSPITAL MATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 having an death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove containing pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 haur often death.

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